

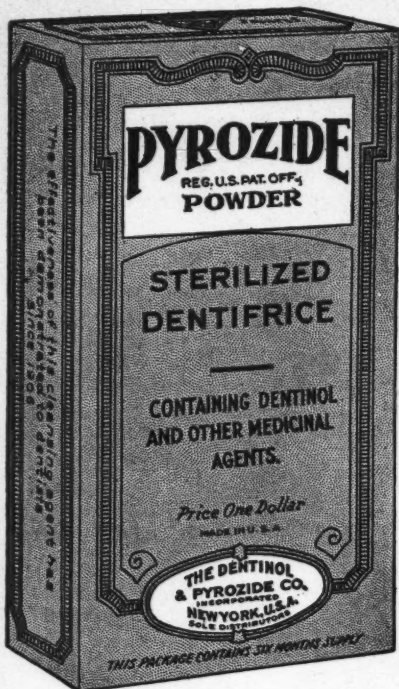
ORAL HYGIENE

NOVEMBER
1929

Published by
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Pittsburgh, U. S. A.

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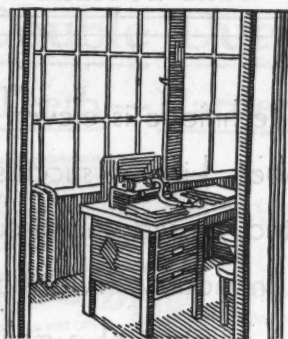
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✱ ✱ ✱ ✱ ✱ ✱ ✱

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THE
Publisher's

No. 100



C O R N E R

By Mass

THE one-hundredth CORNER is perhaps as good a place as any in which to reveal the genesis of this department—to unveil facts hitherto hidden and parade information nobody has asked for.

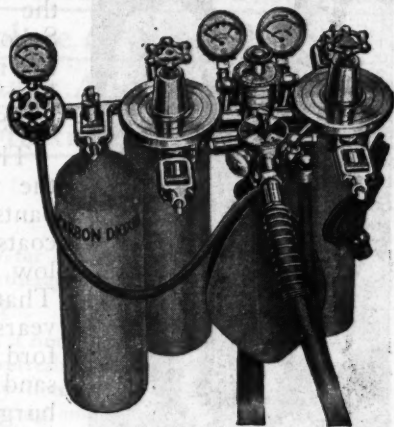
This sort of thing runs in our family. Young Mass has been engaged lately in writing his autobiography and is putting it on the Dictaphone I keep here at home. He has rather a deep voice for a nine-year old and it comes with quite a rumble from the transmitter of the machine as I switch the needle back to listen.

But, like the CORNER—which has for years been discussing itself and the mechanism of its monthly production, when it isn't discussing me or other trivia—the youngster's life story is pretty largely a repetition of "Well . . . uh . . . I am writing my autobiography."

Perhaps watching me he has discovered that with space to fill, and no ideas, one may fill the space by explaining in detail that one is doing so.

Getting back, though, to the present subject of this hundredth CORNER—the early causes which perhaps poisoned me with the unholy desire to write this sort

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.. whether your problem is one which calls for simple analgesia or prolonged anesthesia.

Dentists succeed with the Heidbrink—for the apparatus provides for every conceivable requirement of routine and emergency technique, and is easy to operate. Therein lies safety for both patient and operator.

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In 1910—(left) Sam Stanley's brother Al—and the guy who couldn't stay out of corners.

of stuff, and made me drape this millstone around my own neck, are to be found in a file of the Santa Clara High School *Tocsin* which I borrowed from Jack Hey when in California last Summer.

The file is dated 1910, the year when peg-top pants and long-skirted coats and lump-toed yellow shoes were modish. That was nearly twenty years ago, the year Linford Smith, three thousand miles away in Pittsburgh, pasted up the experimental dummy of the first ORAL HYGIENE, which was to appear the following January.

In 1909 I had business-managed *The Tocsin* and then Jack took it over and I became associate editor, pretty largely because the editor was a good-looking Titian blonde on whom I looked with an admiring eye or two as you might say.

In these old magazines, inspired most likely by the daily proximity of the captivating editor, I wrote regularly no less than five anonymous corners, and loved the labor.

In the old, old Christmas number I find tonight one signed "The Fra," its subject, "The High Cost of Loving," which not only helped to fill space in the holiday number but, also, sought delicately and by indirection to rime a truth to the editor:

**¶ Why is Allonal
prescribed almost universally
in place of opiates?**

**Why is Allonal now routine
in practically every hospital?**

¶ Because:

Allonal is by far the quickest non-narcotic remedy, and the safest therapeutically, for alleviating pain and producing sleep.

Allonal gives a fine night's rest of normal duration. One awakens refreshed with a feeling of clearheadedness. Especially noticeable is the absence of heavy breathing, snorting and twitching usually so characteristic of drug-induced sleep.

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Allonal resembles morphin so closely in its beneficial hypnotic and analgesic properties that it is prescribed extensively to avoid the use of morphin and codein.

Allonal is not depressing nor irritating to the vital organs.

Allonal is not equalled in therapeutic strength by any chemical substitute and is the most extensively reported non-narcotic drug of its type in medical literature.

Dentists administer Allonal, one tablet, a half-hour before the appointment and another tablet after the patient leaves the chair.

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Nutley New Jersey

Pretty maid, with eyes of azure, you were mine, mine, my treasure; curses be on cruel fate that misfortunes without measure keep me from your side, my mate. The price of candy's soaring higher—chocolates are out of sight—and you ask for flowers, dearest, and the theatre Friday night. All my bills are getting bigger and the mags. are sending here every poem that I send 'em to raise lucre for you, dear. Why is it that you must have everything that costs a bunch and why in thunder do you crave the most expensive kind of lunch? If you'd only be discreet, when you order from the waiter, then I might be able to enjoy a meal at which you eat. Poverty is surely Hades, even for a woman-hater, but when a fellow buys for ladies, honest dear, it's worse than that.

In the same issue, functioning, until some more space was filled, as "The Seventh Sage," I mused, for example, that "Some folks not only want to graze in a bed of clover but kick like thunder if it isn't four-leaf clover."

As "The Pink Pup," in a corner tastefully decorated by a pert-looking type-foundry dog, I philosophized to the effect that "Advertising is the fly-paper of the business world; it attracts and holds all comers if properly prepared"—while another corner, labeled "The Doughnut Club" for no reason I remember now, dealt for the freshmen's benefit with the case of Santa Claus.

And as "The Santa Claran" in those light-hearted days nearly twenty years ago I viewed with alarm various phases of student life, although really I didn't give a damn about it: the more alarming the student life the better I liked it.

To tell the honest truth, most of these corners were terrible. "A Timely Tirade Against Tyranny" in "The Doughnut Club," for instance, brings tonight a blush of shame to cheeks not so peachy as they once were. But oh how clever I thought it was back in nineteen-ten.

Those *were* the happy days, when every act of creation like that seemed a masterpiece, every string-

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ing together of words a rosary of intellectual achievement—to be read and read again and shown privately to dozens of friends until the whole school knew who had done the writing and the protective armor of anonymity crumbled and fell away, leaving me wide open to the reprisals of *Tocsin* readers who suspected that I had specifically libeled them, and often were right about it.

On an occasion that I never have forgotten one of these corners, which I cannot find tonight, brought five of the libeled to the *Tocsin* office on the run.

ORAL HYGIENE, because it is blunt and outspoken, occasionally riles a group of readers and, at such times, I am comforted by the knowledge that the barbering of that ancient afternoon is not likely to be repeated.

For that is what happened then. Sam Stanley, now Eastern manager of ORAL HYGIENE, was one of the group—and “group” seems a tame tag for the mob of five who burst in the *Tocsin* office door and pulled me from my chair and splayed me face down on the hard oak floor and cut my hair to a checkerboard pattern and rubbed in red ink and paste.

And they did it while the Titian blonde was looking on.





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*The New Antiseptic and
Deodorant Good for
Tender Gums*

WITH the spread of gum affections, the dental profession has sought an oral antiseptic and deodorant which would also be beneficial in the treatment of gingival troubles.

This important requirement is met by Analka, a newly formulated alkaline antiseptic by Bristol-Myers.

Analka contains hemostatic properties which render it beneficial in the treatment of tender gingival tissue. Containing the

active ingredient of Ziratol, Analka is helpful in the gum massage now so widely recommended for toning and strengthening weakened gum tissue.

Analka is an alkaline antiseptic and deodorant. Extensive tests conducted in the New York Laboratories prove that Analka destroys the ordinary micro-organisms found in the oral cavity, and inhibits and discourages their growth.

Alkaline in nature, Analka arrests the fermentation of food particles in the mouth and destroys acid-forming bacteria. It stimulates the salivary glands, promoting a normal flow of saliva in the oral cavity.

* * *

ANALKA is non-poisonous, non-astringent and non-irritating. It can be used with absolute safety on the most delicate tissue. It is an effective cleanser and deodorant. It is pleasant to the taste and leaves the entire oral cavity feeling clean, invigorated and refreshed.

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(Please enclose card)

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Without charge or obligation, please send me a professional sample of ANALKA.

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ORAL HYGIENE

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A JOURNAL FOR DENTISTS

Nineteenth Year

NOVEMBER 1929

Volume 19, Number 11



The gold foil.

This interesting etching was made by Edwin Kaufman, a graduate of the Cleveland School of Art. The sketch was made in the clinic of the Western Reserve Dental School and was sent to ORAL HYGIENE through the courtesy of Miss Ida L. Hamilton of the Cleveland Dental Manufacturing Company.

A French Chemist Started It

By Jas. L. Howard, D.D.S., Hollywood, Cal.

IT seems to be human nature to shun, to sidestep and mistrust things that are mysterious and vague. We form a dislike for things that are not clear and learn to avoid things that do not readily appeal to us. How many of us liked golf when we first took it up and shot from 120 to 140? But when we broke our first hundred it seemed like a different game, in fact it was a wonderful game. How many of us have met people whom we have immediately taken a thorough dislike to, but later when we became acquainted with them we found them to be altogether different and in many cases they became our most admired friends. Roosevelt said he had hated many men but had never hated one after he knew him. Most of our troubles are imaginary and never occur. Many of our dislikes are because of misunderstanding.

So it is with the continuous gum denture. The unsuccessful efforts of a few to master the old technics handed down by our predecessors have caused the majority of the dental profession to become prejudiced against something they have in reality never tried and know little or nothing about. A small

minority have made some effort to learn but have found educational facilities on this subject so lacking that they easily led themselves into believing that some imitation material was just as good, and much easier to manipulate. A few others who have been more or less successful in continuous gum denture work have been so selfish and narrow-minded in the desire to further their personal gain that they have purposely made it appear that the technic is very difficult and have made a great secret of their method. I recently learned of a certain dentist who has a technic which was handed down to him by his father, and he is so jealous and small that he does all of his technical work at night for fear some other dentist may learn his secret. The fact of the matter is, this man is so big in his own opinion that he is retarding his own advancement and is so short-sighted that he is missing one of the big opportunities of life, that of helping his fellow practitioner as well as humanity at large.

Colleges of dentistry are in a measure to blame for the disinterest in continuous gum denture work. Because of the fact that practically all of their pa-

A word to the general practitioner about a misunderstood technic.

patients are too poor to afford the material in a continuous gum denture is insufficient reason for a college neglecting to provide suitable instruction in this subject. Colleges are apt to lose sight of the fact that their responsibility is to the student and not the college patient, who is only incidental to the college course and that the student is training for his life's work which does not contemplate a clientele of the poor alone. It is impossible for the average unendowed college to give an extensive course in all subjects but there should be sufficient time allocated to subjects of major importance at least to give the student a general idea, which may be the means of stimulating in him the desire to seek further instruction in post-graduate classes.

The evolution of the continuous gum denture is interesting. It started with the all-porcelain denture in 1774 when a French chemist tried to improve upon the old ivory denture he was wearing. He used a paste of some sort of low fusing porcelain which he shaped over an enlarged model of his mouth. On account of the excessive shrinkage, the first efforts were failures, but later

he was able to build a denture that could be spot ground to approximately fit his mouth. These all-porcelain dentures were improved upon from time to time and have been made occasionally down to the present time. They were only a partial success, however, because of the excessive warpage in firing and because of the inability to repair them when broken, which frequently happened. John Allen of New York made the most notable advancement of the past century when he brought out the continuous gum denture, made on a platinum base with long pin teeth soldered to the base. This construction insured a more accurate fit and was less liable to fracture. With slight modifications, Allen's method has been used down to the present time. Under favorable circumstances and in the hands of the skillful technician, this method was fairly successful but the same old difficulty of controlling warpage due to shrinkage of the porcelain gave the inexperienced operator no end of trouble. But with all its faults there has never been a material that equals porcelain as a gum substitute nor a denture that compares with the continuous

gum when expertly done, and reference is frequently made to the continuous gum denture as the finest thing in prosthetic dentistry.

The dental profession is made up of skillful men and women, but experts are few. Obviously, a technic that requires the knowledge and skill of an expert is limited to a very small minority, but if just ordinary skill is required it only remains for the average dentist to acquire the knowledge necessary to direct his skill. Such a technic is now available for doing continuous gum denture work. Not as it has been done in the past where favorable conditions and expert skill were requisites, but by an improved technic that eliminates practically all of the difficulties of other methods. One that simplifies and at the same time improves upon all important details and makes possible expert work by the ordinarily skillful dentist.

The greatest problem, when porcelain is used as a denture base, has always been to compensate for the shrinkage in firing which usually resulted in a warped base. Shrinkage has occurred since the first porcelain denture was made over a hundred and fifty years ago and probably always will occur. With the all-porcelain denture, spot grinding was necessary to insure an approximate fit, while with the platinum base denture, with its long pin teeth soldered to the base, trusses in the form of wires and doublers

were used to minimize warpage.

The improved and simplified technic does not prevent shrinkage or warpage of the base but it does supply a means of correcting it. It consists of a pure platinum base with a doubler across the posterior border which is usually the only reinforcement needed. Instead of long pin teeth being soldered to the base, pinless teeth are used and are fused on, after all of the body porcelain has been applied. There are two reasons for this procedure. First, the application of the body porcelain to the platinum base before the teeth are attached permits the reshaping of the porcelain covered platinum base by swaging, thus correcting the shrinkage and warpage. This is done after each layer of body porcelain is applied and fired. If swaging were attempted with the old method the teeth would be broken off or mashed out of place. The second reason is that we are now able to use higher fusing porcelain, since the teeth do not go into the furnace each time to become over-fused and brittle as they did with old technics. This is quite important since the high fusing porcelain is much more desirable because of its vastly greater strength, thereby lessening the necessity for heavy trusses and wire strengtheners, and because this porcelain is so fine in texture that it can be ground and polished. The porcelain bodies ordinarily used have been of the low fusing

coarse variety which reveal a mass of bubbles when the outer surface is ground into.

This technic permits the use of stock teeth of almost any variety, as long as they are of high fusing porcelain and have no pins. We formerly had to order "special" from the factory, long platinum pin teeth which not only cost from twenty-eight to thirty-five dollars per set of fourteen, but often delayed the work many weeks.

The high cost of these teeth plus the cost of the platinum for the base made the material for a technic case too expensive for the student to buy, consequently he has been denied the privilege of technical instruction as well as practical experience on this subject. With the improved method, we are able to produce a full upper denture for technical purposes at

a total cost of approximately one-half that of the old type teeth alone.

With ordinary skill we can now absolutely control the warpage in our base which insures a denture that will fit. The technic is simple, accurate and a time saver.

It is my belief that the continuous gum denture as it is now being made will be a factor in supplying the demand for better dentures, and it is my prediction that the time is not far removed when this will be a reality. Temporary make-shifts and imitations will soon have run their course and the demand for better dentistry will follow. Banish the mystery and distrust born of misunderstanding, and acquire a knowledge of dentistry based on quality.

"Wrigley" Again

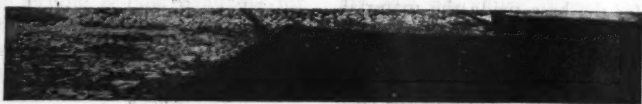
A stock-selling operation* which has been carried on continuously for a period of nearly nine years was halted during September, the Better Business Bureau of New York City tells in a bulletin, when the Wrigley Pharmaceutical Company, Atlantic City, N. J., was enjoined from further sales of stock in the State of New Jersey pending final determination of a case against the company.

The attorney general of New Jersey has made the following charge against the concern: "Its ostensible purpose was the manufacture of Spearmint Tooth Paste, actually its purpose was to avail itself fraudulently of the trade-mark and good-will of the William Wrigley, Jr. Company of Chicago, manufacturer of chewing gum."

*A complete account of the operations of this company appeared on page 1974 of the September, 1929, issue of ORAL HYGIENE.



International Oral Hygiene



Translated and Briefed by Charles W. Barton

Cuba

ON February 24th, 1929, the school dental clinic of Santa Clara, under the name of "El Amparo," was inaugurated in the city of Marta Abreu. Dr. José Domingo Campos, who is director of the dispensary of Villaclara and also director of the dental service of Santa Clara, was chiefly instrumental in the installation of this new dental clinic. The equipment, one of the best in existence, was donated by Mr. Arquimedes Recio after it had served as an exhibit during the Dental Congress in May 1928. Dr. Conchita Jover y Trista is at the head of the new school dental clinic of Santa Clara.

On March 2nd was opened the school dental clinic of Cabanas, situated in the rooms of the local Department of Hygiene, under the direction of Dr. Enrique Duenas.

Another dental clinic, "General Guardo Machado," was inaugurated in Matanzas. Dr. Silvio Blan-

co acts as director of this clinic and is assisted by four dentists. 1,800 children frequent the city dispensary. There are, in the district of Habana, 103 public schools with a total attendance of 40,000 children and 5,150 small children in the kindergartens. The new dental clinic, therefore, is looking forward to a busy time.

Brazil

According to a report from the secretary of the public dental service in Campinas for the month of January, 1929, there were 28 patients at the beginning of the month, 34 new patients registered during the month, 33 had their treatments completed, and 29 were carried over for the following month. Of the total of 222 interventions, 34 were examinations, 7 treatments of fistulas and abscesses or root canal treatments, 25 amalgam fillings, 8 cement fillings, 11 porcelain fillings

(silicates), 64 extractions, and 19 extractions under local anesthesia.

The National Department of Public Health has created a chair of oral hygiene in the training courses for nurses. Dr. Paulo Cesar has been nominated to occupy this new post.

Brasil Odontologico,

India

An editorial of *The Indian Dental Review* for March, 1929, comments upon the news that a dental college will be inaugurated in the very near future at Lahore by the Government of Punjab. "In the year 1929—in these days of wonderful educational progress and educational facilities all around us," says the journal, "it has ever been a source of wonder and surprise for other progressive nations to know that this country of 300,000,000 people is without a single first-grade dental college! . . . The promoters of the first dental college in India will receive the blessings of the entire country, and need to be warmly congratulated for their wise move in this direction."

The Indian Dental Review,

Canada

The Canadian Dental Association has been in communication with the Department of Indian Affairs at Ottawa, in an effort to secure more adequate dental treatment for the Indians of Canada. At present dental treatment for these natives is given only upon recommendation by the medical attendant. The Canadian Dental Association intends to insist upon a regular dental service for the Indians, since they feel that the medical men are not qualified in regard to knowledge and experience to organize the work properly, the result being that teeth of the Indians, both children and adults, are needlessly sacrificed.

* * *

A dental clinic has been proposed for the home of the aged at Port Arthur, Ontario.

Some dental societies are offering to talk to the public on matters of dentistry, free of charge.

* * *

Equipment has been installed in the new dental offices in connection with the medical health department, Saskatoon, for children of pre-school age. Dr. R. A. Newlove is in charge. Treatment will be given one afternoon each week.

* * *

Dr. A. E. Webster, in an address delivered before the Waterloo Dental Society on the subject of children's teeth, insists that the first step in prevention of decay is the formation of healthy teeth with elimination of structural defects and irregularities. This can be most effectively done by directing the family physician to refrain from instructing expectant mothers to take no food containing calcium salts or substances which will cause building of bony tissues. Next the dentist should assist the physician as far as possible in his stand against artificial foods for babies and support every effort to have children feed on such foods as will develop a normal human being.

Dominion Dental Journal,

Holland

In the co-operative clinic of the Dental Society of Amsterdam, during the first year of its existence, 1927-1928, the following treatments were given: 4,895 extractions, 4,380 fillings, 4,569 artificial teeth, and 1,245 prophylactic treatments. There were registered 2,097 new patients, of whom about 60 per cent had been under treatment previously by dentists, benefit funds, or dental mechanics.

Tijdschrift Voor Tandheelkunde,

Argentina

Dr. Ciro Durante Avellanar, speaking under the auspices of the Museo Social Argentino, holds that

regular dental examinations and treatments of industrial employees are so important that they should be looked upon as an integral part of the organization of every industrial concern. The benefits, both moral and material, derived from a dental department are such as to make it an institution which will effect material savings to the company. Examples are given of industrial clinics operated by Krupp in Essen, Sulzer Bros. in Winterthur, Cadbury Bros., Ltd., in London, and others.

Revista Odontológica.

Germany

Dr. Hans Fuchs of Darmstadt is of the opinion that parodontosis (pyorrhea alveolaris) can be checked effectively only by correct nutrition. The modern research by Hindhede, and in the dental field particularly by Ragnar Berg, leave no longer any doubt—if doubt there ever was—that teeth and mouth are concerned in the pathological changes taking place in the entire system as a result of feeding on foods deficient in the indispensable nutritive elements.

Erwin Goldman of Stuttgart, arguing on much the same premises, considers it a very foolish error to make the people imbibe and swallow a host of certified calcium and other salt compounds for the purpose of replacing the indispensable mineral elements removed by the processing and preparation of modern foodstuffs. Why not—he asks—eat natural food answering all the requirements of correct nutrition? He thinks that it is one of the outstanding obligations of the dental profession to educate the public to a proper appreciation of the all-important role of correct and natural feeding for the health of the entire body, including the teeth.

Zahnärztliche Rundschau.

Kantorowicz gives an interesting report on the results of his endeavors to practice prophylactic dentistry, through the municipal school

dental clinic in Bonn, on the basis of the prevention of rickets in babies and infants. Direct exposure to the rays of the sun at the time of its highest elevation is not always practical in such an institution. The matter became less difficult after the introduction of Vigantol (irradiated ergosterol) as a source of vitamin D. In its second year this treatment showed remarkable results, in that in Bonn only 7.6 per cent of one-year-old children showed slight symptoms of rickets, while in the preceding year about 50 per cent had been reported. Kantorowicz believes that these favorable results will become evident in the temporary teeth of the children who will enter school in 1933 when these teeth may be examined and treated, not for their own sake but for that of the permanent dentition.

*Zahnärztliche Rundschau,
via Zahnärztl Berichte*

Norway

Dr. C. T. Jevanord, in a paper read before the society "Apollonia" in Oslo, severely criticizes the usual so-called "prophylactic treatments" given by dental hygienists. Speaking on the "practical prophylaxis" in connection with the daily practice, Dr. Jevanord enumerates the items which in his opinion are indispensable for a true prophylactic dental treatment: 1. Thorough examination of all teeth and removal of calculus, including treatment of the surrounding tissues. 2. Cleaning and polishing of all fillings and check-up on pivot teeth and crowns. 3. Polishing of hypoplasias, erosions and incipient superficial caries. 4. Correction of malposition and malocclusion. 5. Correct preparation and choice of filling materials. 6. Exact contact points and anatomically perfect occlusal surfaces. 7. Relief of overstress on bridge abutments, permanent check-up on bridges. 8. Curing after extractions and suturing, especially in the case of lower molars. 9. Instruction in the daily tooth and mouth

hygiene; 10. Dietetic means, considering the patient's systemic condition.

Den Norske Tandlaegeforenings Tidende, Oslo, April, 1929.

Denmark

During the school year 1927-1928 the personnel of the school dental clinics Ny Carlsbergvej, Stevnsgade, and Nyboder comprised 17 dentists, nine dental nurses, three office employees, three reception clerks and, from September 1st, four additional dentists and one nurse. The new clinic established in the Frankrigsgade school was taken into commission January 3rd, 1928. Its personnel consists of five dentists, three dental nurses and one office clerk. These dental clinics

carry out systematic treatment as follows: in the Westerbro district for eight lower and three middle grades; in the Nørrebro district for six lower and one middle grade; in the Østerbro district four, and in the Amager district three lower grades. Altogether 42,616 children visited the dental clinics, and of them 39,565 received systematic treatment. Among the various services rendered were 4,473 injections for local anesthesia, 1,242 x-ray pictures, 359 orthodontic treatments, 32 pivot teeth and similar work, four plates and 25 jaw operations. In all 209,337 treatments were carried out, of which 152,302 were fillings.

Tandlaegebladet.

Dental Conditions in Bahamas

Through the courtesy of Mr. J. C. Fawcett of Fawcett & Fawcett, Brooklyn, N. Y., we are able to learn something about dental conditions in the Bahamas. Mr. Fawcett has spent considerable time among the natives in the "out islands" near Nassau and reports that it is amazing to see the healthy condition of their teeth. Their main diet is fish, citrus fruit and sugar cane. In some cases the natives are undernourished, which condition eventually leads to dental problems.

Considerable educational and relief work is being done among the natives in the Bahamas through the efforts of various missionary societies. Notably among these is the Bahamas Mission of Seventh-day Adventists whose denomination appropriated over four million dollars for the use of this one mission alone. Various dental manufacturers have contributed generously to this cause in the form of dental materials and instruments.

Paging J. H. W.

Will J.H.W., who contributed "The Polishing of Plates and Bridges" on page 993 of the May issue of ORAL HYGIENE, please communicate with Dr. W. F. Mahoney, 1866 Seneca Street, Buffalo, N. Y.?

Tempus Fugit



Extracts from first
November issue of
ORAL HYGIENE,
published 18 years
ago, in 1911.

MOUTH DURING PREGNANCY

Twenty-five years ago pregnant women expected to suffer more or less from toothache and even to lose some of their teeth during this period. In fact, there are physicians today so ignorant of modern methods of oral hygiene that they ignore all proper instructions on this subject to their patients, and few trained nurses have any intelligent knowledge of their duties or opportunities in respect to the mouth conditions of their patients. But, thanks to the thorough and persistent efforts of dental scientists, it need no longer be said among intelligent people that every baby means the loss of at least one of the mother's teeth.—NELVILLE S. HOFF, D.D.S., *Ann Arbor, Mich.*

NATIONAL HEALTH

When I tell you that the loss of a tooth from the jaws of a person in California is a matter which affects the prosperity of a person, any person, in New York, you will probably think I am crazy or jesting, but I am not.

The prosperity of a nation depends on the efficiency of the producers in the nation. At their highest degree of efficiency, with every producer doing his work to the limit of his working ability, the nation would be enjoying the greatest material prosperity possible. No nation ever has reached this point because the efficiency of all its producers is never at the maximum.—GEORGE EDWIN HUNT, M.D., D.D.S., *Indianapolis, Ind.*

NUTRITION

Nature has provided human beings with teeth for the chewing of their food. It is in the mouth that the first, and one of the most important steps in digestion takes place, the only step, in fact, over which the individual has the slightest control. Hence the importance in nutrition of sound teeth, and a clean mouth. To believe, as some do, that artificial teeth are quite as satisfactory in the mastication of food as are natural ones, is to be mistaken. By actual comparison they have been found to be ten times as inefficient.—ARTHUR H. MERRITT, D.D.S., *New York City.*

FLETCHERIZING

Doesn't everyone know how to eat?

No!

Why?

Because!

In the first place man was made to fit certain sorts of food. He was given teeth and a digestive apparatus suitable for turning certain raw foods into muscle, bone, or heat, as they were needed or used up. Under those pre-adamite conditions there was no cooking. Fire even had not been discovered, except in the form of, and as the result of, lightning. How to make fire, at will, man did not know.

Before foods were cooked everybody was compelled to chew his food, for it was not found in a liquid or mushy state; and there was not too much of it.—HORACE FLETCHER, A.M., *New York City.*

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FATALITIES Following Extractions

By W. I. Jones, D.D.S., Columbus, Ohio

"Untoward results following the extraction of teeth are becoming altogether too frequent," Dr. Jones, "and it is my opinion that there is a marked increase."

Was Dr. Jones Right?

By Walter J. Frank, D. D. S.
Vallejo, California

FOLLOWING a hard day's grind in the office, and after the supper hour, with the usual cigar tucked between lips, I enter my Sanctum Sanctorum or den and approach the little bookcase near the door which incidentally shelves nothing but ORAL HYGIENE books.

It is a habit of mine to run through these books and read one article before performing other restful duties that are commonly pleasing amidst the environment of a den. On this particular evening, I picked out the February issue and after tuning in on some sentimental classical music on the radio in the next room, I sat myself down in my favorite chair under the dim floor lamp and opened the book.

First I read through the ads to see what the latest improve-

ments on the market promised. Then I opened the book at random and I saw before me an article, "Fatalities Following Extractions," by W. I. Jones, D.D.S., of Columbus, Ohio, and I perused this article very carefully.

There unfolded in my mind several ideas, good and bad. The good ideas are best left to the judgment of the readers, but personally, there is conflict in my mind relative to a statement or two that it seems to me Brother Jones should explain more fully. He seems to me to condemn unmercifully the curette. He favors the motto, "The curette is the instrument of the Devil," and he seems to insist that the granuloma at the end of the tooth, if separated during extraction, should be

left strictly alone in the socket.

When I read this, I set the book down and concentrated a few minutes, wondering if I read right. I recalled how just the other day I had an ideal case presented during which I had an audience of two dentist friends of mine. I gave a little impromptu lecture on extraction of teeth as I understood this art and I made the assertion that not always the mere "pulling" of the tooth is the finish of the task at hand. I told these two friends of mine that on the next extraction case that came into my office I would take a chance to prove my contention that pulling of the tooth was not the completion of the little operation.

Sure enough, a patient entered my office while we were thus discussing this subject. I, or rather we, examined the case and found a discolored upper first pre-molar. Under ordinary circumstances one would anesthetize and remove this tooth, collect the fee, and after proper post-operative instructions, dismiss the patient, providing of course the tooth in question was to be extracted.

But to prove my contention that this would not be a complete operation, I radiographed the area, anesthetized and removed the tooth. I dried the socket with gauze and behold, with the aid of sufficient light, I, or rather we, saw way up in the socket, what appeared to be granuloma, reposing defiantly in the area of the apex of the tooth just removed. I took my

little curette and gently turned it around in the socket and with a sucking sound, drew out the little bag of trouble. This bag was white and hard. The socket bled freely and in a reasonable time healed very nicely.

Am I to understand that I made a mistake in doing as I did? Do you believe that this bag should have been left there? That the curette should have been left in the tray? It is inconceivable to me, that anyone should make the statement that a granuloma is a normal condition and not a pathological growth. He must mean something different than that little bag I curetted out, because I would feel queer after leaving my job unfinished.

I again picked up the book and read on. Brother Jones gives three reasons for fatalities following extraction. I don't think that I could sleep tonight unless I get a little of this off my chest.

First, I will not mention the curette again, but he, Brother Jones, picks on another one of my favorite assistants, the little old rongeur forceps, an instrument I couldn't do without at any cost. Can you imagine anyone extracting several teeth in a row, and letting things go at that? It seems to me short of criminal to leave sharp edges of bone sticking out. What is nicer than to take your rongeurs and trim these edges smooth and let Nature take care of the job unhindered? I certainly don't agree that our exodontist brothers would go so far as to be

reckless and I believe they know when to draw the line surgically.

Secondly, suturing in the mouth can be done judiciously and packs placed at the same time—a step I consider necessary. Suturing a wound in the mouth does not preclude drainage in any way and surely a D.D.S. knows when to suture and when not to. Or when drainage is advisable or not.

I will confine my disbeliefs to these two causes above in the protection of two invaluable instruments. I read further and, although I agree that wanton curettement is uncalled for, still sensible curettement surely cannot be wrong. I am not going to place myself in any category of a critic, and I will leave that statement regarding surgical procedures in extractions, being radical, up to the brother

specialists. I will not mention that the cases mentioned have to my notion very little to do with "Fatalities Following Extractions." These cases seem to have more bearing on general conditions. However, as I said before, I am not the one to criticize Brother Jones for any of his statements or to disregard his beliefs. I will leave that to better men than I. I am desirous, however, of clearing that one point in the minds of many who judiciously use that "weapon of the Devil," the useful curette, in the removal of that little old bag of trouble, the granuloma, if this should be detached from the tooth extracted. Now I can put the Little Book back into the bookcase and wend my way to that good little bed, feeling better in mind and kinder towards Brother Jones.

Examination for Appointment to Dental Corps of U. S. Navy

A competitive examination for appointment to the Dental Corps of the United States Navy will begin December 2nd, 1929, at the U. S. Naval Medical School, Washington, D. C. Candidates must be citizens of the United States, between 21 and 32 years of age at the time of appointment, and graduates of recognized dental schools. The examination will be both theoretical and clinical and the usual duration is about seven days. A circular containing full information relative to the Dental Corps and the prescribed form of application may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. No allowance is made for the expense of applicants appearing for examination.

C. E. RIGGS,
Surgeon-General, U. S. Navy.

"Dear Oral Hygiene—"



"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

What is Golf?

I noted in September issue an account and picture of Dr. W. J. Lauer's Hole-in-One. This honor and distinction was no doubt highly pleasing to him and confirmed his belief that he was a golfer. However, I'll wager that 500 dentists in these United States have done the same thing this summer and I protest publishing his picture. Does any other Hole-in-One dentist join me?—**ELROY WHITE, D.D.S., Ottumwa, Iowa.**

Editor's Note—I have a friend who played his first game of golf yesterday, and on the third hole he made a hole in one. His eighteen hole score was a little less than a thousand, but nevertheless he belongs to the "Hole-in-One" Club.

We are always glad to print photographs of our readers, and if I should ever get a photograph of you and can find any reason whatever for printing it, I shall do so.—**Editor ORAL HYGIENE.**

Can He Draw?

In all the comment on Don Herold the writers have missed a point—a double-edged point at that!

The first cutting edge is—**CAN HE DRAW?** The answer must be—not yet proven!

The second edge of the spear blade is—**HAS HE A SENSE OF HUMOR?**

Well, if he has, all the humorists

from Mark Twain to Will Rogers have missed fire, and all the cartoonists from Thomas Nast to Herbert Johnson have been duds!

Now for the point of my cruel spear, to which the edges converge:

Do you honestly think the dental profession is so ignorant of good drawing, so lacking in humor, that it enjoys such stuff? I am not over squeamish, but I must class this work as not worthy to appear in the same pages with the writings of our best men, and as too cheap in character even for comedy relief.

Drop it, and improve your magazine! — **JAMES E. CALLOWAY, D.D.S., Milwaukee, Wis.**

Examining Boards

Having relieved my mind by sending you some caustic comment by this mail, I wish to remove the impression that I confine myself to adverse criticism. Hence this unqualified approval of your editorial, entitled "Another Examining Board."

I entered the dental profession, or rather the dental college, by the entrance examination gate, which gate has been forever closed by the diploma-worshipping dental faculties. Not only have they barred the gate to college, keeping out the self-educated man, but my own college, now a part of a large university, bars me from bachelor and master degrees, because I have not been in "actual attendance at a four-year course in an accredited

high school." This despite twenty-three years of successful practice, and the same length of association with the best element of the profession in my city.

I fully recognize the necessity for constantly raising the standard of the colleges. However, I entirely fail to see that dentistry can gain anything by the technical fencing out of ability, coupled with the full acceptance of a diploma as final evidence of fitness. Your reference to the "bunk about this preliminary requirement idea" is eminently truthful. The present situation in regard to post-graduate degrees goes a step farther, and says in effect, "If you are not a graduate of a four-year high school course your doctor's degree means nothing to us." In other words, the preliminary requirement of years ago is resurrected to defeat the value of the D.D.S. degree to those who met fully the legal tests of those times, and who have since defended against all comers, in actual dental practice, their rights as able practitioners.

To revert to the actual subject of your editorial, rather than to your able allusions, I would say to New York dentists, "Look for the nigger in the wood-pile." If they hunt for the motive of those who put the law regulating dental mechanics on the statute books, I believe they will find it the same as that back of the dental hygienist law. It is my honest opinion that the law was put there to add another course to the college's income producing machinery. Legislatures do not pass laws without pressure from some source, and college faculties are not free from suspicion as to this matter. The profit-making activities of the supposedly charitable college infirmaries, operating in competition with their own graduates, are apt not to allay this suspicion, either!

Finally, your logic as to the law not protecting anybody is perfect. The dentist needs no protection against the dental mechanic—the fact is that in the case of a dentist who is not a very able mechanic,

the laboratory ably supplements the dentist, and thus protects him and his public!

Congratulations on the way you have dealt with this subject!—
JAMES E. CALLOWAY, D.D.S., Milwaukee, Wis.

Received by Dr. Goslee

Just a line to thank you for your kindness in the shape of the article on the Kells' Library and Museum in the June ORAL HYGIENE. We hope others will follow your example.

We are working hard to make this a great thing. * * * Concentration of money and effort here will yield more of lasting fame and benefit to the profession than will some less living memorial. —
CHARLES SHEPARD TULLER, D.D.S., New Orleans.

Preventive Medicine Discussed

I enjoy your magazine and it is improving with each issue. I was reading it on the street car the other morning and wanted to make some notes but there wasn't any vacant space to write on the margin between its covers.

Two articles especially attracted my attention in the August issue. The one in regard to the research work to be undertaken at Yale School of Medicine upon Anatomy, Pathology, Physiology, Immunology and Bacteriology and the detrimental effect of dental infections upon health in general.

This is a step forward in preventive medicine, coming as late as it has after so many years of knowledge in regard to diseased teeth as causative factors in producing so many types of acute and chronic diseases. Why does not every dental college have a similar research department? Or, why have they not had it since 1908 when Hunter

made his "radical" statements? I am glad this study is being undertaken at Yale. We will get somewhere in time with unbiased scientific investigation along the angles of focal infection.

I hope similar programs will be inaugurated in all medical schools and the young M.D. taught something of the diseases of the teeth and their processes. This should result in the elevation of both medicine and dentistry. Too few physicians realize what an undermining influence dental diseases have upon the general health. They too frequently "pass the buck" to the family dentist who is not sufficiently informed upon the subject to have this great responsibility of health, happiness and even life of the patient. For these reasons I believe such a departure from the old accustomed medical curriculum and the incorporation of oral and dental pathology will be very helpful. This may clear up the status of the devitalized tooth—whether it is safe to be left in a sick person's mouth or not. A great many prominent men in the dental profession have done nothing in a scientific way to clear up this misunderstanding, but have devoted considerable time trying to belittle and discredit the investigations carried on by the medical men in their laboratories, hospitals and clinics.

After spending four years in school a young graduate in dentistry has to use his judgment in all cases, unless he has the nerve to consult some older dentist. There are so many things he feels he is not capable of deciding. He asks himself, "Should I devitalize teeth?" "Should I leave those already devitalized in my patient's mouth?" "Is all this talk and writing about so many bodily ills being caused from infected teeth bunk, or is there truth to it?"

He will probably argue like this: "I know that tetanus germs are harmless upon a dry surface exposed to oxygen, but let a few get

under your hide and soon you will have lock jaw. The germs will remain at the place of entrance, which is hardly discernible, but their toxins having an affinity for your muscles of mastication and you will soon be dead. If this be true of tetanus germs why could not the toxins of strep. in and around the apices of devitalized teeth cause all the diseases in other parts of the body attributed to them?" He might be of this belief and extract all devitalized teeth and be condemned severely by many of his dental associates. On the other hand, if he attempts devitalization and root canal treatment what method is authentic?

He would certainly have to spend considerable time trying out all the latest, new and newest methods and materials used by the advocates of root canal therapy. I hope the subject will be settled soon especially for the young practitioner so he can say to his patients, "Yes, I will devitalize your teeth and attempt to fill the roots. Such practice is safe, being based upon facts brought out through careful research and will bring comfort and add years to your life." Or he could say, "No, such practice is harmful and teeth treated in this manner are a menace to your life, health and comfort."

The other article is by Dr. R. J. Rinehart, Dean of the Kansas City Western Dental College, who dares speak of business in dentistry and the establishment of courses in Dental Economics right in the dental colleges. This to me is a great step in advance and coming from the dean of a prominent dental college, it could not be called propaganda, even if it is a decided departure from well set customs. We have had excellent instruction in dental economics from men in and out of the profession in recent years, so why not a chair of Dental Economics in every dental college?—MALLORY CATLETT, D.D.S., *Denver, Colo.*



Dentist is runner-up.

Dr. Willing, left, of Portland, Oregon, the runner-up, congratulating Jimmy Johnston on the latter's brilliant victory in the National Amateur Golf Championship at Pebble Beach, California. Johnston beat Willing in the final score of 2 up.



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR MCGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

Commercial Dental Colleges

WHEN dental colleges were owned and run by practising dentists, there was an insistent propaganda which resulted in killing most of the schools and in combining all of the survivors in the chaste bosoms of various and sundry universities. The most convincing argument in favor of the abolition of the "Commercial Dental College" was the claim that in its university surroundings the dental school would not depend upon its clinic for support and profit but would run the clinic only for the instruction of the students and the benefit of the poor, if any.

As a university department we were assured that commercialism was a thing of the past; pure culture would take its place. This was all too good to last. "Thar's gold in them there mouths" the dean of the Columbia University Dental School discovered.

The Columbia University Dental School has established in Washington Heights, New York City, a "dental clinic" that will not only do any and every type of dental service at a profitable fee, but will so inform the public of New York through the newspapers, telling of the excellence of its own operators and the "punkness" of the average dentist. The announced object of the party so far as I am able to understand it, is to draw in as patients the great

Editorial Comment

"white collar" population and their families and friends.

A social worker is to be employed to keep out the poor and the filthy rich; moderate rich whose camels can amble through the eye of a needle will be accepted.

Dr. Joseph H. Kauffmann wrote the Dental Dean of Columbia in regard to this "clinic" and in part Dean Owre replied:

"A most vital element in the situation, which you of course know, but have evidently not brought into this equation, is that a very large number of people of moderate circumstances in New York City are not now able to obtain adequate dental service. It is unfortunately a fact that a large part of the dental service that is rendered in New York City, like that of many other cities, is inadequate. Much of the restorative work is so poor in design and execution that it is unsanitary, short-lived, and a menace to the health of the patients. Innumerable reports come to us from patients and also by letter from people in moderate circumstances who have desired the best dental service, and a great personal sacrifice, have paid amply for it, yet failed to get even mediocre work, and, as a result, are now dental and physical wrecks. The need for a place where discriminating people of moderate means can go and get dependable service, is not a theory but an actuality."

It seems to me that if the dental situation in New York is as the dean sees it, there is a great opportunity for active educational work among the dentists on the part of the Columbia University Dental School rather than active competition with them accompanied by newspaper propaganda that would and should throw a private practitioner out of his societies if he indulged in similar arguments for business.

There is no doubt that dentistry has been far removed from the average pocket-book by the modern

mania for "higher education" whatever that is. There is one dental school that has such high entrance requirements that no student has yet been able to meet them and that includes the dean.

If the dental schools are to become competitors of their own graduates and if the schools are to return to a money-making basis, then it is time for the dental societies to take a hand and direct school activities into their proper channels.

It would seem that Painless Parker overlooked a bet in not becoming the dean of a college so that he might have a hundred or more operators backed up by students working free plus tuition; really the Columbia idea is almost too much.

Expensive Tooth Picking

AT the edge of a great forest at Dunlap, California, a young girl was picking her teeth with a "parlor match." The match struck a rough filling and ignited. Instinctively the girl threw the burning match as far as she could. A fire started that burned over thirteen thousand acres of valuable timber land at a cost of \$20,000 for fire fighting without even estimating the loss of standing timber. Moral: if you have rough fillings, don't pick your teeth in the woods with a parlor match.

Lese Majesty

THE editorial policy of ORAL HYGIENE is to view the dental questions of the day from the standpoint of the average practitioner. Two of the pressing questions are dental education and state board examinations. In discussing these matters we constantly come into the august presence of the "pedagogical mind." This type of mind assumes that its possessor is above criticism and that its decisions

insofar as the average practitioner is concerned, are perfect and final.

Then we have the type of mind that leads its owner to believe that he is a martyr in the cause of humanity, that teaching in a school or serving on a state board should set one apart as more than usually generous. There are cases in which the "pedagogical mind" is right and there are cases in which service upon faculties and upon state boards is out of all proportion to the recompense. Dentistry has great numbers of men who are able, unselfish, broad-minded, energetic and far-seeing.

It is only natural that some of the little-minded fellows should desire to be enveloped with the mantle of the real ones. Dentistry would be in a desperate condition if she did not have a great body of splendid men who work unceasingly for her advancement.

Discussions of conditions as they exist are frequently construed as violent attacks upon the whole system and in some quarters there are organizations of volunteer pall-bearers hoping to officiate immediately after my execution for lese majesty.

Here is a motto that should be branded into the mentality of every state board member now and hereafter:

"IT IS NOT A CRIME FOR A DENTIST TO MOVE FROM ONE STATE TO ANOTHER." It would be as unjust to deny a competent dentist the right to move to any part of the United States as it would to deny him the right to stay where he is. The idea of denying a legitimate practitioner the right to continue his practice in his own community is not new. State boards have held trials on several occasions and have revoked licenses without sufficient cause, until reversed by real courts.

A great many legal traps have been set by state boards to defeat the undesirable practitioner. Usually the undesirable is too slick to get caught and in a

little while the trick law is causing unreasonable misery to an honest man.

It would seem to be good common sense to carefully read every proposed dental law or dental amendment to an already existing law. WHY NOT HAVE A LAW PASSED SOMEWHERE, SOMETIME THAT WOULD GUARANTEE A LIBERTY INSTEAD OF A NEW VERBOTEN?

If every state license for the practice of dentistry were made national today, the average of excellence in dental ability in this country would not be diminished one iota. Eventually the government must conduct the final college examinations and issue national licenses. State boards will then be simply registration boards.

The other pressing subject is the relation of the college clinic to the young practitioner. It is presumed in the laws of the states that students are allowed to operate for purposes of instruction and not for profit. The clinic patient is presumed to be a poor person who pays for his work largely by offering himself as a sacrifice upon the altar of inexperience. If this patient is charged a profitable fee, he takes his risk and pays his money also: rather a stiff price. In addition, the clinic that is a financial success must incline sharply away from the poor and encourage the patronage of those who could pay a moderate fee to a new graduate. We then have the poor suffering for dentistry and the young dentist rapidly joining the ranks of the poor. The ideal condition would be to have the schools so endowed that the clinic could be operated as a purely charitable institution. I realize as well as anyone else that college clinics must be money-makers in our present status but I am convinced that the trend toward a clinic of "white-collar" patients is dead wrong and what I think upon that subject I shall surely say.

Publicity

IN the discussion of so-called "ethical publicity" in the pages of ORAL HYGIENE recently, there have been many divergent opinions expressed. The arguments seem to give the impression that while publicity is desirable, the methods may be open to question. We must acknowledge that many if not all of the early dentists were addicted to the habit of telling the public in print just what great benefits could be conferred by their particular brand of dentistry.

In discussing publicity I must admit that I am prejudiced. From childhood I have constantly heard the arguments against the paid statements of the professional man in print; these arguments, even though partially refuted, will continue to sway my personal opinion. The opinion of one individual is not of great importance in the consideration of a subject that is so vital to the welfare both of humanity and of dentistry.

With this position in view it is my intention to request the opinions of men with widely divergent views. We shall hope to hear from the scholarly dentist, the big-town dentist, the small-town dentist, the college dentist, the industrial dentist, the retired dentist, the dentist in public life and to make the discussion complete I shall have a statement from a famous advertising dentist.

It is impossible for all of us to agree upon this subject but a free discussion will help us to get a better perspective.

Dentistry Takes to the Air

In the December issue of ORAL HYGIENE we will begin a series showing the part dentists are taking in aviation activities throughout the country. This will continue for several months as we have a wealth of interesting material for this department.



PROLOGUE

It would be difficult to conceive of a more ideal setting for the Seventy-first Annual Session of the American Dental Association than beautiful, historic Washington, D. C.

We do not attend dental conventions merely because of the local color of the convention city but there is every reason to choose a meeting place with natural charm and adequate conveniences. Nothing contributes more to the success of any convention than agreeable surroundings and delightful climatic conditions. Washington had both.

In the following pages we will endeavor to chronicle a few of the outstanding events which took place during this meeting, not with the idea of supplanting any of the real benefit of personal attendance at meetings but merely as a brief record of one of the most successful and satisfactory meetings ever held by the American Dental Association.

WASHINGTON

Day By Day

MONDAY, OCTOBER 7

REGISTRATION at a dental convention always reminds one of the scene around the box-office of a world series baseball game—unless you can picture something more hectic. The Registration Committee seems to be handling the crowd very efficiently, however, in spite of the fact that everyone insists on renewing old acquaintance right in front of the registration booths.

The first scheduled meeting for the day is that of the House of Delegates, at the Mayflower Hotel, which is Convention Headquarters. While the convention is thus being officially opened the majority of members are making a cursory inspection of the various scientific, health and commercial exhibits.

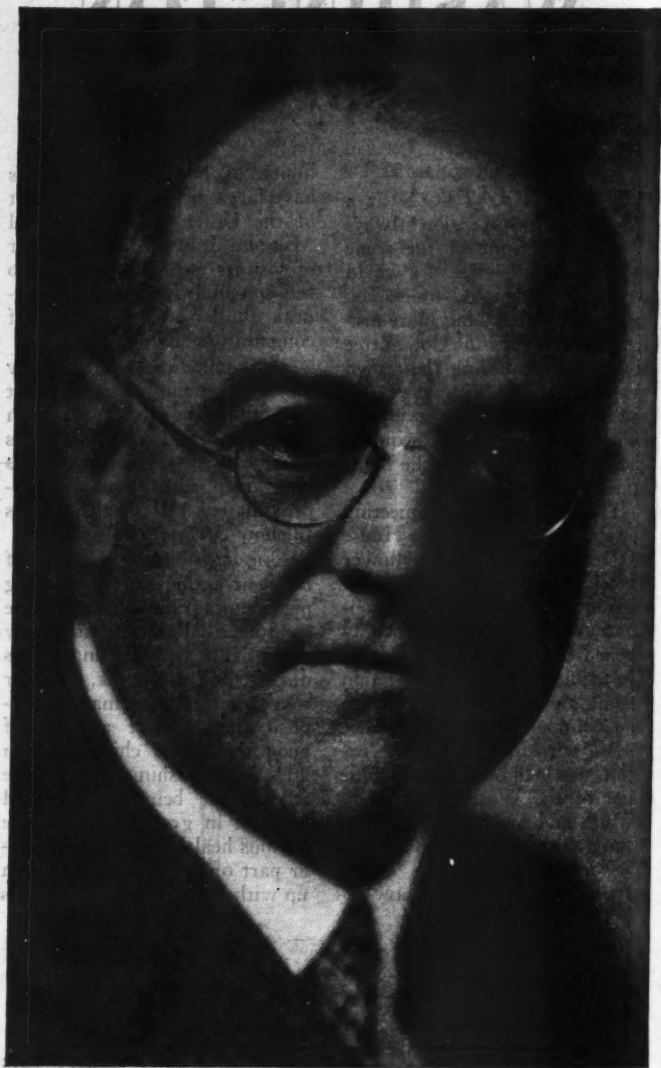
All scientific and health exhibits are held on the mezzanine floor of the Washington Auditorium and are decidedly interesting this year. A great deal of the interest seems to center around the Army and Navy ex-

hibits, as both of these units have large displays. The exhibit of the United States National Museum draws a large number of visitors also, due perhaps to the splendid specimens of natural skulls and examples of comparative anatomy.

The commercial exhibits show the usual amount of forethought and interest and while the main exhibition hall is not as large as at some of the previous meetings the arrangement enables approximately 150 manufacturers to show the progress made.

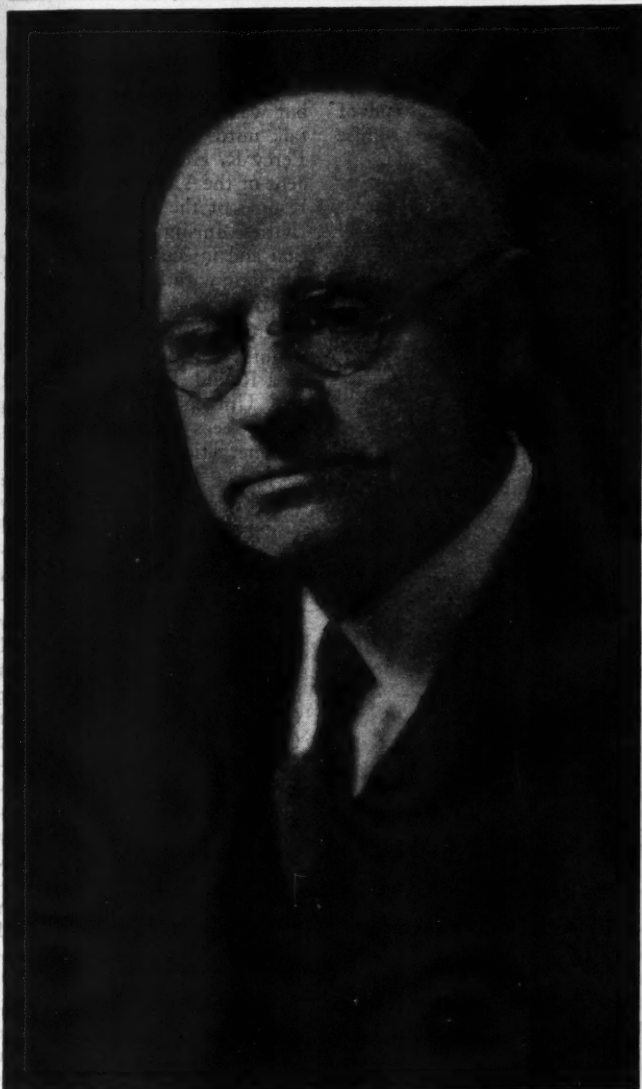
One outstanding feature of the convention is the moving picture program which will be conducted almost continuously throughout the meeting hours during the entire week. In order that this program may accomplish the greatest amount of good the school children from all of Washington's grade schools are being invited and brought in groups to view the various health films. The greater part of the first day is taken up with luncheons and meetings





Harris & Ewing.

Robert Boyd Bogle, the new chief of the A.D.A.



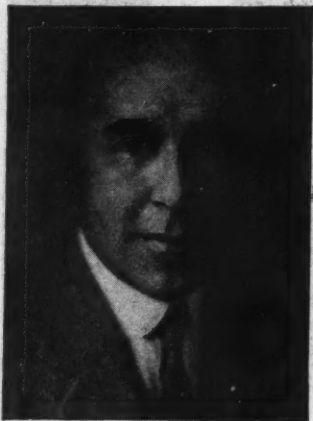
Harris & Ewing.

Percy R. Howe, retiring President of A.D.A.

of the many fraternal organizations gathered here. An informal dancing party at the Mayflower Hotel marks the end of a perfect day and the promise of a memorable convention.

TUESDAY, OCTOBER 8

The first general meeting of this session is taking place this morning at 9:30 at the Mayflower Hotel and is attended by a comparatively small but enthusiastic group of approximately 600 members. Dignitaries of the local District government and officials of the District of Columbia Dental Society welcome the visitors to Washington and exhibit the hospitality that is so typical of this Southern city.



Harris & Ewing.

C. Willard Camalier, General Chairman of the Local Arrangements Committee, who was elected to the First Vice-Presidency of the Association.

Secretary of the Interior, Ray Lyman Wilbur, was scheduled to address this morning's session but was obliged to postpone his talk until the evening meeting. Percy R. Howe, retiring President of the A.D.A., gives a short resumé of the Association's activities during his administration and injects enthusiasm into everyone with his prophecies for the future.

At noontime Clark J. Hollister of Harrisburg, Pa., presides at a Round Table Luncheon at the University Club and as usual keeps interest alive with his energetic personality.

The Scientific Sessions are well organized under the supervision of H. A. Swanson and are well attended this afternoon. Operative Dentistry, as usual, draws the largest attendance and is appropriately opened with a paper on "Oral Diagnosis," by R. W. Edwards of Kansas City. "Traumatic Occlusion" is discussed by John Oppie McCall of New York City, who has become an international authority on this disorder. The paper "Dental Economics as Applied to Everyday Practice," read by John C. Warnock of Kansas City, is attracting considerable attention due to the Association's official deliberations on dental economics.

The important part that synthetic resins and other of the newer plate materials have taken in prosthetic dentistry is being discussed by A. Alfred Nelson of Detroit in the Pros-

thetic Section. B. C. McEuen is reading an extremely practical paper on "Slighting the Little Things in Denture Construction." The use of the x-ray in prosthetic dentistry is covered by Howard H. Jackson of Detroit and the discussion by Clarence O. Simpson.

Partial Denture Prosthesis is considered by an able group of its exponents consisting of R. E. Blackwell, Henry W. Gillett, F. E. Roach, T. W. Maves, Victor H. Sears and J. L. Young.

Visual education is becoming more and more the ideal means of instruction as is dramatically demonstrated by Ira G. Nichols in his photomicrographic moving picture of circulation in living animals. John P. Buckley and Arthur E. Smith are outstanding figures in the discussion of this film and other activities of the convention.

Under the direction of Charles R. Baker the program on Orthodontia emphasizes the important part this branch of dentistry is playing in the welfare of both children and adults.

The section on Periodontia feels keenly the loss of Gillette Hayden, Vice-Chairman of the committee and Robin Adair, Secretary, both of whom responded to the untimely call of death during the past year.

Lon W. Morrey is telling the section of Mouth Hygiene and Preventive Dentistry how Chicago arrived at its present status in its mouth hygiene program. C. N. Johnson draws an en-

couraging picture of the possibilities of Preventive Dentistry.

In the evening session the dental visitors are honored by



George T. Gregg of Pittsburgh, who again won the championship of the A.D.A. Golf Association. Dr. Gregg holds several championships in this country and also in Great Britain, where he played last summer. He is the holder of both the 1928 and the 1929 ORAL HYGIENE Championship Cups.



*C. N. Johnson, Editor of the
A.D.A. Journal.*

an address from the Hon. Charles Curtis, Vice-President of the United States, in which Mr. Curtis says, "Today the master passion of the world is to abolish distance and annihilate time. Tonight, with proper connections, friends and neighbors of Commander Byrd in the Antarectic can communicate with him. The Zeppelin has proven to us that truth is stranger than fiction. I can remember when I read with a thrill 'Around the World in Eighty Days.' Now they have made it in twenty-one. And I would believe anything that you might tell me that might happen in the field of dentistry."

Secretary of the Interior Wilbur assures the conference that

the dental profession will have the utmost co-operation from the Washington officials during the present administration and tells of the sympathetic interest taken by President Hoover in all matters of national health.

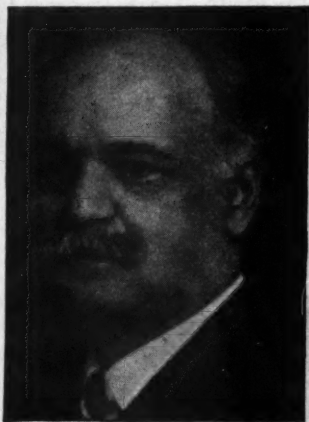
Merritt W. Ireland, Surgeon General, United States Army, Charles E. Riggs, Surgeon General, United States Navy, and Hugh S. Cumming, Surgeon General, United States Public Health Service, are also on the evening program.

After the addresses a gigantic program of fireworks is being staged and the pictures of President Hoover, Vice-President Curtis and President Percy R. Howe unfurled in fireworks. To those who have not attended the firework display it must seem as

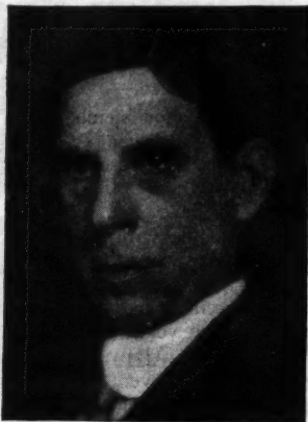


Harris & Ewing.

It wasn't a vacation for Mr. L. T. Claridge, Business Manager of the A.D.A.



Harris & Ewing.



Harris & Ewing.

They spoke at convention.

*Charles Curtis, Vice-President
of the United States.*

*Ray Lyman Wilbur, Secretary
of Interior.*

if several thousand vulcanizers are exploding at once.

WEDNESDAY, OCTOBER 9

The greater part of this day is to be taken up with the scientific program held in the morning and afternoon in the Washington Auditorium. All meetings are well attended and the only criticism that might be offered is that the section rooms are somewhat lacking in ventilation and light, due to the fact that it was necessary to provide these rooms in the basement.

Frederick F. Molt of Chicago shows how the dentist might make the most of the roentgenogram. The subject of tooth forms occupies the major interest in the day's prosthetic section during which Rupert E.

Hall, George P. Brenner, C. J. Stansbery and George Wood Clapp take an active part.

Root Amputation is the topic of Theodor Blum's paper in the oral surgery section and George B. Winter discusses J. P. Wahl's paper on impacted lower third molars.

The motion picture film, "Canti," being shown by the American Society for the Control of Cancer, attracts large crowds. The film depicts living cells resembling those of which the human body is composed in the course of growth, movement and manipulation. By an ingenious method, actions which require a long interval of time are shown as though occurring rapidly and objects so small as

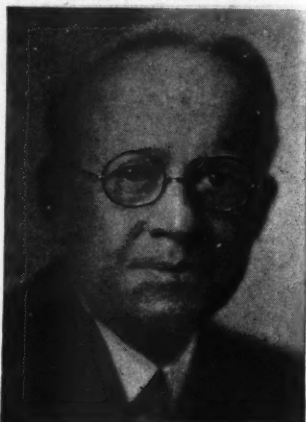
to require powerful magnification by the microscope are thrown upon the screen in distinctly visible size.

At 12:30 noon members and their wives are being received on the White House lawn by President Hoover. Those who hoped to have the honor of shaking hands with the President went away with a great void in their palms as the habit of promiscuous handshaking is no longer in vogue around the White House. Many grandchildren will, however, view with pride the picture showing their dental forebear posing on the White House Lawn with President Hoover.

Another interesting feature of this meeting is the daily radio talks by prominent dentists



George B. Winter of St. Louis, discussed third molars.



Harris & Ewing.

W. T. Chambers, delegate from Colorado, who echoed Horace Greely's famous expression.

which are being broadcast throughout the entire day. Thus the dentist at home is enabled to at least get an impression of the convention atmosphere although he is unable to attend.

This evening George H. Parker of Harvard University is speaking on "Evolution and Heredity" and predicts that society will soon be compelled to control birth by sterilization in order to decrease the number of defectives which are becoming an enormous drain upon the state governments. Count Flor-estan Aguilar brings greetings from European dentists and an invitation to American dentists to visit Paris during the next



They lit up the town with fireworks on Tuesday night.



Harris & Ewing.

Roy J. Rinehart, Dean of Kansas City-Western Dental College, who discussed a paper and took an active interest in the convention.

International Dental Congress.

THURSDAY, OCTOBER 10

This promises to be one of the most interesting days of the meeting for today many things are to be decided. All through the meeting there has been a note of intensity regarding the election of officers for the coming year and the selection of the next meeting place. Already we have been confidentially informed — and from reliable sources, too—that three different men have the Presidency of the A.D.A. assured for them and that there is no doubt but what the meeting will be held in Boston, Denver and Memphis next year.

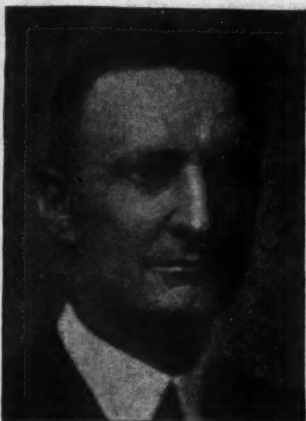
The morning is to be devoted entirely to scientific papers so we will have to wait until afternoon to hear the returns from the election. The Operative Dentistry Section for this morning holds several extremely practical articles on subjects of immediate interest to dentists—cavity preparation, pain control and hand instrumentation.

There is undoubtedly more conflicting terminology in prosthesis than in any other branch of dentistry, so Kent K. Cross has set out to clarify this nomenclature with the aid of Dayton D. Campbell and Martin Dewey. The balance of the prosthesis section is covered by two papers on the scissor-bite denture technique and is ably



Harris & Ewing.

Leroy M. S. Miner, Dean of Harvard University Dental School, one of the distinguished visitors.



Harris & Ewing.

George Powers wanted the convention in Memphis next year.

discussed by several outstanding denture men.

Leuman M. Waugh, who recently returned from a scientific expedition among the Eskimos reads a paper before the Orthodontia Section. Harry S. Thomson of Toronto, Canada, describes a particularly effective campaign carried on by the dental societies of Canada.

It is doubtful whether a more representative group of clinicians was ever assembled on one program than those listed for the clinics of Thursday afternoon and Friday. There are eleven college groups on the program, along with sixteen state association group clinics and many individual clinicians.

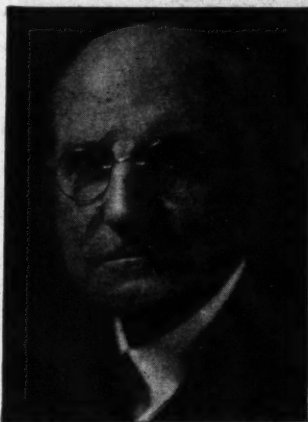
News has come from the Mayflower Hotel, where the

House of Delegates is in session, that all elections are completed and the officers for the next year chosen and the site of the 1930 Convention selected.

As we write this now, it has lost some of its intense dramatic tinge but coming direct from the lips of those who attended the session it was, indeed, a stirring bit of news.

Colonel Robert T. Oliver, senior ranking officer of the Army Dental Corps, was unanimously chosen President-Elect of the organization to assume office upon the conclusion of next year's convention.

A spirited contest was expected at the election of officers but at the last moment Martin Dewey of New York City, the other likely candidate, withdrew in favor of Colonel Oliver in



Harris & Ewing.

E. R. Warner of Denver.

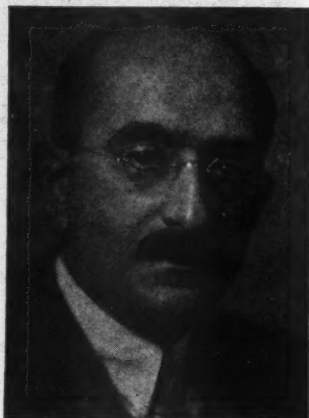
order that his election might be unanimous.

C. W. Camalier of Washington, General Chairman of the Local Arrangements Committee, was chosen as First Vice-President; H. J. Feltus of Baton Rouge, La., Second Vice-President, and A. E. Bonnel of Muskogee, Okla., Third Vice-President.

Harry B. Pinney of Chicago, present popular Secretary of the Association, was re-elected to office as was R. H. Volland of Iowa City, Treasurer.

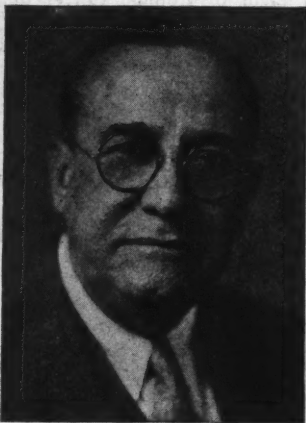
Trustees for the coming year include: J. A. Brady of Philadelphia, Sheppard W. Foster of Atlanta, J. J. Wright of Milwaukee, C. N. Johnson of Chicago, and F. H. Lum, Jr., of Chatham, N. J.

The meeting place for the next convention was probably



Harris & Ewing.

Theodor Blum of New York City who read a paper on Root Amputation.



Harris & Ewing.

Wm. Rosenbaum of New York City.

more in doubt than the selection of officers, as intense sectional rivalry has been evident throughout the entire meeting. Memphis made a brave effort to win the convention and was ably assisted by a bevy of beautiful Southern belles who left few coat lapels unadorned with the miniature Memphis pennants.

Boston has been a strong favorite among many delegates from the East but due to the well-organized and concerted activities of the Denver delegation that city won the privilege to entertain the American Dental Association at its 72nd Annual Session in 1930.

Needless to say, everyone is enthusiastic over the idea of meeting in the Mile High City next summer, as the West still



Harris & Ewing.

*Ralph L. Christy of Denver
who cliniced on Prosthesis.*

holds much of its glamor of pioneer days. The Memphis and Boston devotees will probably be the most ardent participants when the East begins to swelter and the slogan, "Come Up to Cool Colorado," takes on a realistic and inviting appeal.

FRIDAY, OCTOBER 11, 1929

The 71st Annual Session of the A.D.A. will soon be a memory and take its place along with those meetings which have gone to mark the progress of this splendid Association. The scientific program for today consists entirely of clinics given by groups, sections, state associations, foreign clinicians, and individuals. There are approximately 275 separate clinics listed for the morning and afternoon sessions, covering every phase of practice and research. To many

members these clinics represent the most practical and beneficial activities of the entire session. The plan of holding these clinics until the last day is, indeed, a wise arrangement on the part of the local committee as they are, without a doubt, the means of retaining undivided interest until the completion of the program.

In looking back over the week there are several points in regard to this meeting that will bear emphasis and reiteration. It was rather a surprise to learn after the meeting that the total attendance had only reached 7,897, of which less than half, 3,369, were members and 424 listed as clinicians. The count given out by the committee immediately after the meeting is as follows:



Oral Hygiene Photo.

*Clark J. Hollister of
Harrisburg, Pa.*



Harris & Ewing.

Pearle E. Bishop, D.D.S., of Denver, aided in taking the 1930 convention Westward.

3,369 Members
 424 Clinicians
 2,832 Guests
 788 Exhibitors
 104 Technicians
 243 Dental Assistants
 137 Dental Hygienists

7,897 Total

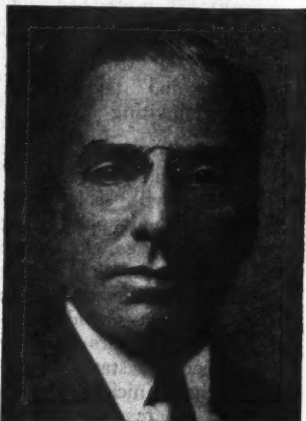
These figures show that the meeting was attended by approximately 10 per cent of the members of the American Dental Association and about 5 per cent of the dentists of the country. In view of the splendid program prepared and the ideal location of the convention it is lamentable that more members did not take advantage of the opportunity. No lack of interest was shown during the meeting and it is highly probable that

those who did attend represented the group whose intelligent co-operation makes such progress possible.

Those who attended undoubtedly went away with a wealth of information and treasured memories of a week of perfect skies and refreshing hospitality.

Dental Assistants Meet

The American Dental Assistants Association held its fifth annual meeting simultaneously with the A.D.A. and under the guidance of President Juliette A. Southard presented a highly interesting program including numerous clinics and papers by Association members and various prominent members of the



Harris & Ewing.

Wm. C. Fisher of New York City was there for the Orthodontia Section.



*President Juliette A. Southard,
American Dental Assistants
Association.*

dental profession, who are taking an active interest in Mrs. Southard's work for the dental assistant.

More than two hundred assistants attended the sessions at the Association's headquarters in the Hotel Hamilton and the clinics in the Washington Auditorium where a health exhibit was also presented.

The program reached its crest Wednesday evening when an informal reception and the annual banquet took place at the Hamilton, at which President Southard served as toastmaster. No gathering was ever more enthusiastic; never did a similar group have more fun. Some three hundred members and

guests were present and enjoyed the spirited program which included some superb monkey-business by Dr. Eddie Ball of Cincinnati, aided by his friend, Dr. Shott; some stories by the talented Mrs. Sidney Rauh, also of Cincinnati; an informal address by Dr. C. N. Johnson, one of the Association's best friends; an address by Prof. Angelo Chiavaro of Genoa, Italy; an unique little speech by Dr. George Wood Clapp, editor of *The Dental Digest*, who stood up with a 50-page manuscript which he threatened to read; a paper by Grace B. Renshaw, First Vice-President of the A.D. A.A., and songs in costume by Julia Culbreth Gray who responded to several enthusiastic encores.

During the evening a silver trophy, given in honor of one



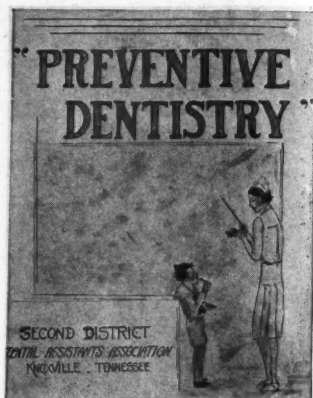
Harris & Ewing.

*Sterling V. Mead worked hard
to make the meeting a success.*

of the Association's oldest friends, Dr. Henry Fowler, was awarded to the Kansas City Association for the best poster entered in the health exhibit, ribbons for honorable mention being awarded to Cincinnati and Knoxville in the order named; other trophies were also awarded.

Merwin B. Massol, publisher of ORAL HYGIENE, a special monthly edition of which is issued for the Association, announced that the magazine would set up an annual prize of one hundred dollars as an award for any achievement the Association's officers chose to designate.

A more complete account of the A.D.A.A. convention will appear later in the organization's own edition of this magazine.



Prize-winning posters entered by Dental Assistants. First prize below; third prize above.



Impressions—Mental

EVERYBODY, no doubt, has brought something home from the convention: knowledge, enthusiasm, new impressions and new ideas, and—we understand—dental supplies. But not many have brought home with them a one-tooth removable bridge that does not belong to them.

We have!

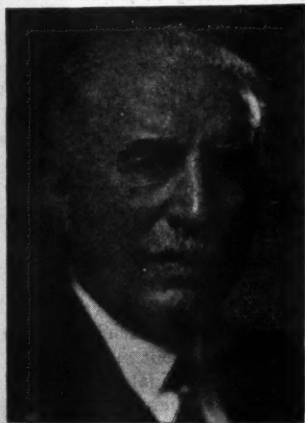
At 4 p. m. sharp, on Friday, October 11th, 1929, we stepped up to Gate No. 20 in the Pennsylvania Station, Washington, D. C., there to await a friend and traveling companion on the Congressional Limited for New York City, and we almost stepped on the beautifully made piece of prosthetic dentistry pictured herewith.

If it is an advertising stunt,

then we say it is poor: for there is no name on it. Otherwise, it is a fine piece of work of which even the best of prosthodontists need never be ashamed: do you recognize your work? Do you know who is the fortunate unfortunate proprietor of this lonely tooth?



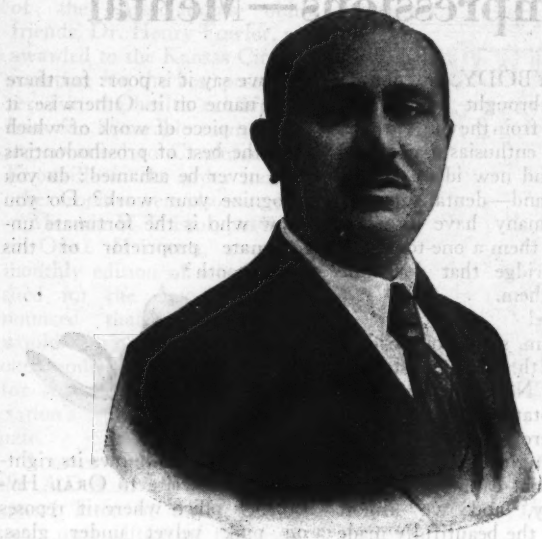
Let him who knows its rightful owner write to ORAL HYGIENE's office where it reposes on pink velvet under glass, awaiting its natural and its adopted father. "The Norns are spinning,"—and so are spiders: who will deny that this particular one has spun a curious web of circumstances around at least three people in the Nation's capital?



Harry & Ewing.

*Florestan Aguilar of Madrid,
Spain.*

Among the distinguished visitors from abroad was Dr. Florestan Aguilar of Madrid. He needs no introduction nor comment. His mission has been to invite the American dental profession to the International Dental Congress to be held in 1931 in Paris. Dr. Aguilar is the president of the International Dental Federation, the world-wide gathering of dentists of which our own Dr. Brophy had been president a good many years. The government of



Prof. Angelo Chiavaro, eminent Italian dentist, scientist and educator, said in an interview:

"The dental student must get the same training in fundamentals of science as a physician. In common with the medical student he should go all through courses of biology and pathology—but he does not have to know treatments of the general diseases of the body except those of the teeth and mouth."

the French Republic has consented to the loan of the Grand Palais for the purposes of the 1931 convention, a building of vast proportions, beautiful architecture, and great importance in the public affairs of France. Like our dear King Ed (Dr. J. A. Williams), his classmate, Dr. Aguilar, grows younger every year. It was a happy thought, after all, to have Dr. Aguilar bear this message of invitation.

While the crowd surged through the aisles of the Auditorium intent on viewing the display of dental supplies, there died, in a little wire-cage, a pair of innocent guinea-pigs inoculated with deadly tetanus. Not one pair, but several pairs: a pair of corpses being replaced by two live but infected animals. We nominate for the hall of fame the entire species of guinea-pigs that die so *we* may know how to keep our mouths clean.

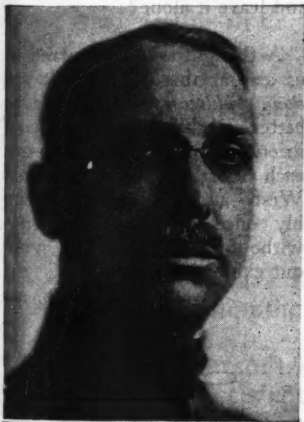
What has always struck us as one of the most serious obstacles in the way of propagation of oral hygiene among the masses is the condition of many a dentist's own teeth. We had occasion to speak with several whose breath—not to mention looks—belie the efficiency of the maxims which they preach to the public; or else they themselves are not convinced of the truth of what they preach, and therefore do not practice it. It is like King Solomon advocating celibacy.

Prohibition is a wonderful thing! There was no smoking in the exhibitors' hall; theoretically, we mean, and inofficially officially. But there must be fine distinctions in the practice and enforcement of all kinds of prohibition; practically, there was some smoking, more or less un-

der semi-official supervision. It led to a great deal of hanging around the lobby. But then: we were in Washington.

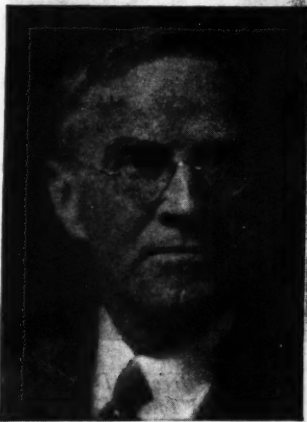
The hand-washing facilities were a disgrace. No soap, no towels. The theory being that if you had to pass through a health exhibit you were immune. We vote for the distribution of soap samples at the next convention.

It is interesting to compare the list of scientific papers read at the Washington meeting in 1929 with one of five or six years ago: nutrition and metabolism have come to the forefront of attention these last few years. Altogether, dentistry is approaching medicine with rapid strides: the question is, however, will dentistry relinquish its hard-won leadership in preventive hygiene to medicine and



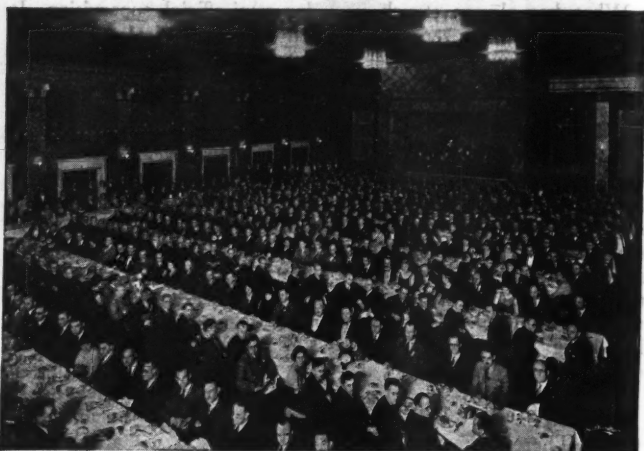
Harris & Ewing.

W. H. G. Logan of Chicago.



Harris & Ewing.

George R. Warner of Denver.



Harris & Ewing.

International Bosworth Class members who got together during the Washington meeting.



Harris & Ewing.

Frank T. Breene, Dean, University of Iowa, Department of Dentistry, was an interested visitor.

become a "specialty" of the latter, or will medicine acknowledge dentistry's achievements and leave it alone?

A thought which recurred to us also at this convention: *pro bono publico*, might it not be better to hold four sectional meetings during the year—one each North, South, East and West—and the business assembly once a year anywhere—without transactions and without exhibits?

—Charles W. Barton

Hail To The Chief ! ! ! !

AT the annual meeting in Washington the American Dental Association elected Colonel Robert T. Oliver, D. C., United States Army, to the very honorable position of President-Elect. To those who served with Colonel Oliver in the Great War and to those who have admired his professional career, his election is one of the best pieces of news since the Armistice.

While we all realize the necessity of politics in the ordinary conduct of human society, it is a very pleasant thought that now and then politics gives way to kindness, to the appreciation of the great qualities of a fellow-member and to the expectation of an outstanding administration.

Another agreeable accomplishment is the assumption of office as president for the current year by Dr. R. Boyd Bogle of Nashville, Tennessee; it seems almost too good to be true that two of our ablest men should serve the American Dental Association during these two years that are to mean so much for the future of dentistry.

It is very difficult to get the average dentist to realize the imminent danger in which organized dentistry is involved. In all of the years that dentistry has been a recognized profession there has never been a time until now when there was any great prospect of secession of any portion of dental endeavor from the parent body. Today there are upon the statute books of two states, laws that threaten the continued welfare of dentistry; one of these laws is the Master Dental Laboratory Technician act in New York and the other is the new orthodontia law in Arizona.

Neither of these laws is enforceable, but the danger lies in precedent, that legal bugbear. It will be necessary to watch carefully every proposed bill in the state and national lawmaking bodies.

Just as Medicine is threatened with some form of State Medicine, so is Dentistry threatened with some form of State Dentistry. In addition to these movements we have before us our adjustment to the highly organized business, farm, and labor elements. Only by the most intensive organization and wise guidance in the next few years will we be able to continue to advance as a benign element in modern development. Heretofore the effort has been toward purely professional development. The effort through the A.D.A., to increase the general as well as the individual excellence of the dentist has been remarkably successful. The future holds a new angle of development, that of diplomatic contact with other great forces of present-day civilization in the division of responsibility for human welfare.

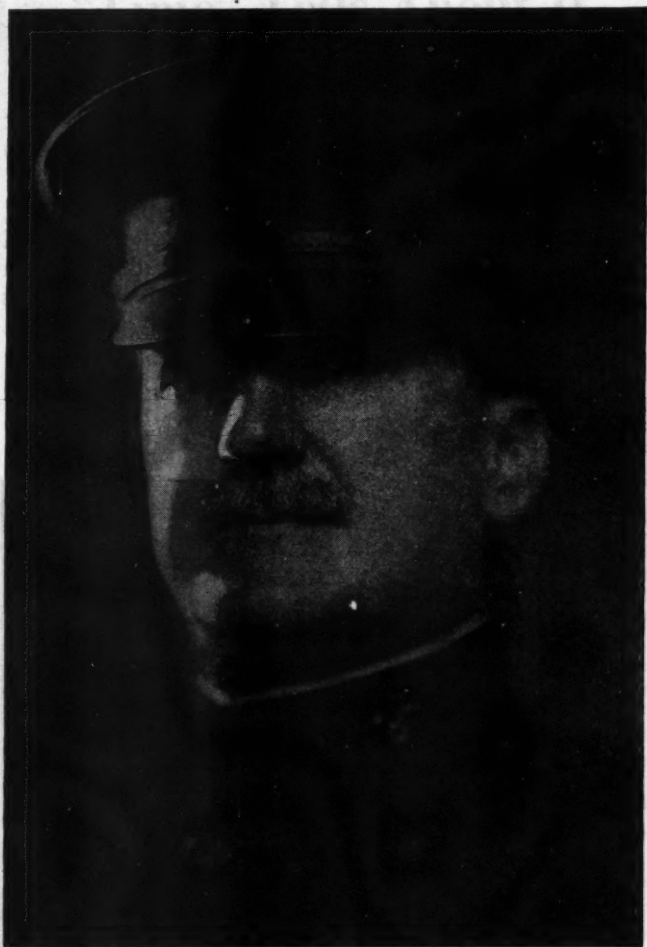
In our choice of President-Elect we are particularly fortunate in having a man of high rank in the government service, a man who is known as a famous dentist wherever Armies tread, a man whose wide contact with Senators and Representatives has made him familiar with the mysteries of legislation and lastly the simple soldier who knows no call but DUTY.

Denver, the Next Meeting Place

IF you saw the invitations that Denver distributed at the Washington meeting you would not be surprised at the selection of that beautiful city for the 1930 session.

It has been twenty years since the A.D.A. met in Denver; that was a wonderful week, the great new Auditorium had just been finished and the town was hungry for conventions and they knew how to entertain a convention. Now, after twenty years more of experience, Denver will again play host to a greater A.D.A.

This time there will be mountain trips galore, wonderful roadways; the old "Chinese Wall" of soft



Harris & Ewing.

*Colonel Robert T. Oliver, D.C., U. S. Army, President-Elect,
American Dental Association*

sand has given place to hard and smooth concrete so that cars from any point of the compass can roll in upon schedule time. The bracing atmosphere is still

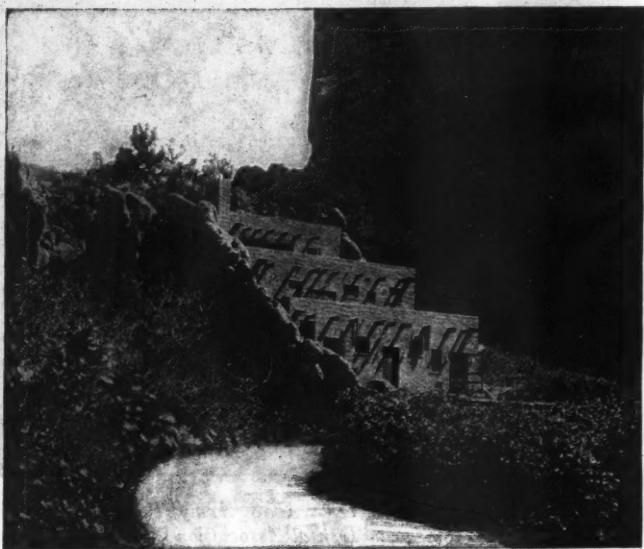
there; it has not been improved upon, they couldn't improve Denver air.

Everybody you know will be at the Denver meeting; the program will be put over so smoothly that you will hear and see all of those things you wish to hear and see at a meeting of dentists.

Think of it, meeting in a city a mile above the sea, beautiful views wherever you look, wonderful Mountain Parks, a building perfectly adapted to a national dental convention, a rousing welcome; let us all go to Denver in 1930.

Also, the mountain trout are very good eating.

—R. P. M.



Scene in the internationally famous Garden of the Gods, Colorado Springs, Colorado, which is only a few hours from Denver, site of the 1930 Convention of the American Dental Association.

"Time" Tells About It

TIME, nimble newsmagazine, interpreted the A.D.A. convention for its quarter-million readers in its issue dated October 21st, reaching subscribers and newsstand-buyers throughout the nation on the Friday following the final session. On October 18th, while ORAL HYGIENE staff-members, less nimble perhaps, worked breathlessly to catch the final form of this issue with the meeting story and pictures, tart *Time* popped in, telling all about it.

The *Time* letter-column, customarily spiced with letters from indignant readers, will likely soon carry as many letters from dentists as *Time* cares to print, for the newsmagazine's account appears to have been written by someone who regards the profession as pretty poisonous.

Under "National Affairs," *Time* also refers to the convention, remarking that "In the White House, President Hoover was talking with Prime Minister MacDonald. The babble of the dentists [waiting for the President on the White House lawn] came disturbingly to his ears." *Time* also claimed that Association officers were "miffed because President Hoover had not got around to shaking their hands."

The main story however was

printed under "Medicine" and, carrying the title "Testy Dentists," asserted that A.D.A. members "were cross because they did not get the newspaper publicity which conventioners expect." *Time* likely did not measure the several columns of convention news which appeared during the week in Washington dailies—did not notice the numerous pictures which appeared in Sunday roto sections and in the week-day editions.

The newsmagazine likewise complained that: (1) "The dentists did not have one convention speech to give out," saying that "They preferred to horde them for printing in their own professional magazine during the coming months, when public interest in their work will be diffuse and weak," (2) President Boyd Bogle has "no time for civic interests or detective stories," (3) Retiring-President Howe, President Bogle, President-Elect Oliver are not listed in *Who's Who in America* or *American Men of Science*, (4) Neither are they, at least in the eyes of *Time*, "important scientists."

Admiring its contemporary's swift publishing-technique, jealous of *Time's* faster presses, ORAL HYGIENE cannot however applaud the red-bordered journal's equally hasty conclusions.

—Mass





International

They practice what they preach.

Miss Marion Jocelyn (left) and Jane Hunter, both of Philadelphia, Pa., lovely delegates to the dental convention whose perfect teeth are worthy examples of their professional teachings.



Palenie Wzbronione!

*Rauchen Verboten!
Défense de fumer!
É proibito fumare!
No se fume!
Rokning forbydes!
Palenie Wzbronione!*

Or, as Washington's more or less genial fire inspectors cooed in terrifying tones to A.D.A. members:

NO SMOKING!

And sadly they lay them down—cigarettes and pipes and cigars. Unable to smoke while peering into patients' mouths, most A.D.A. members stock up with tobacco when they go to conventions. Eating-tobacco was permitted at Washington but few had learned to love "Mail Pouch" so they just suffered.

To be sure there was a little illicit smoking on the part of brave scofflaws and these bold souls will go down in history along with the other heroes.

They don't deserve the honor either for no toasting or cough-removing or any other process could ever give tobacco the superb aroma enjoyed by those who smoked—just a 60-cent taxi-ride from the capitol—while watching for The Law.

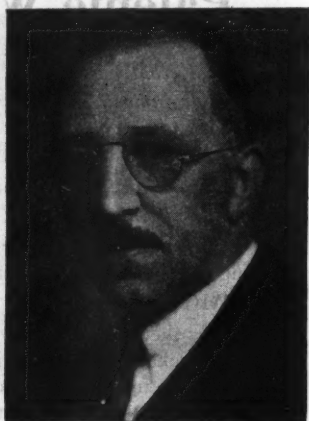
—*Mass (with the aid of multi-tongued Charlie Barton, overseas editor of ORAL HYGIENE.)*





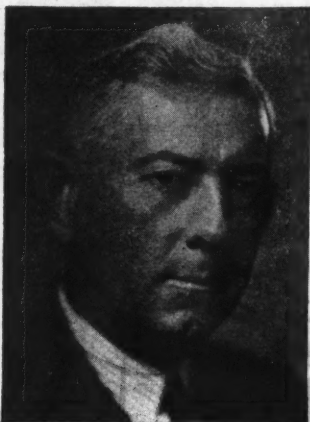
Harris & Ewing.

*W. M. Pierce
of Redbank, N. J.*



Harris & Ewing.

*A. B. Suhvland
of Boston*



Harris & Ewing.

*Harry Kelsey
of Baltimore, Md.*



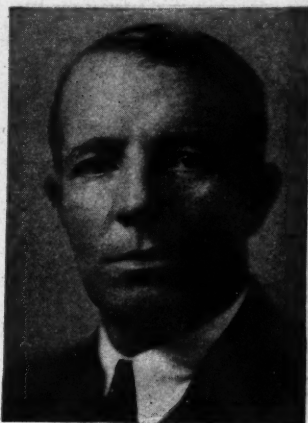
Harris & Ewing.

*Charles L. Smith of Washing-
ton was in charge of Pub-
licity.*



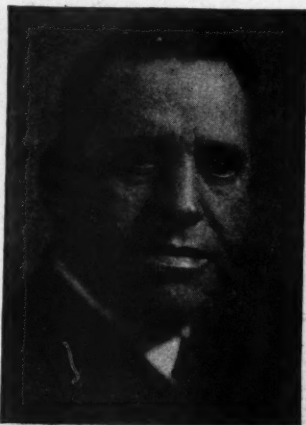
Harris & Ewing.

*John H. Corcoran
of Scranton, Pa.*



Harris & Ewing.

*George E. Burket, one of the
delegates from Kansas.*



Harris & Ewing.

*James J. Conroy
of Taunton, Mass.*



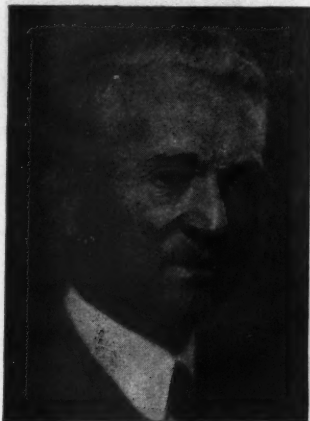
Harris & Ewing.

*Frederick C. Allen rooted for
Boston as the next convention
city.*



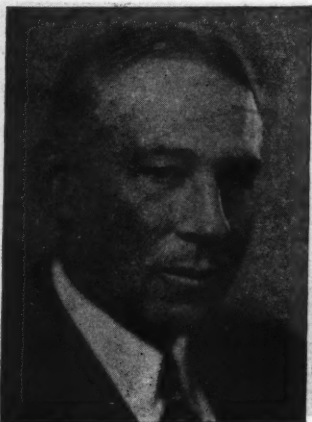
Harris & Ewing.

Mildred W. Dickerson, D.D.S., of Washington, who was active on Arrangements Committee.



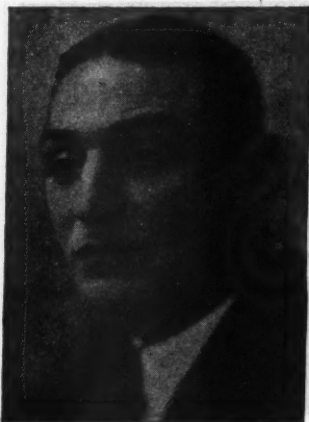
Harris & Ewing.

John D. Jordan, a delegate from Arkansas and otherwise active in the Association.



Harris & Ewing.

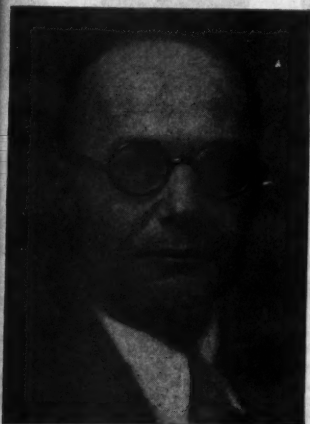
Carl Walsh Hoffer of Nashville who gave a clinic on Thursday afternoon.



Harris & Ewing.

Benjamin Benedict is a member of the Dental Clinic Club of Philadelphia.

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se



Harris & Ewing.

Irwin R. Bertram, a booster from Denver.



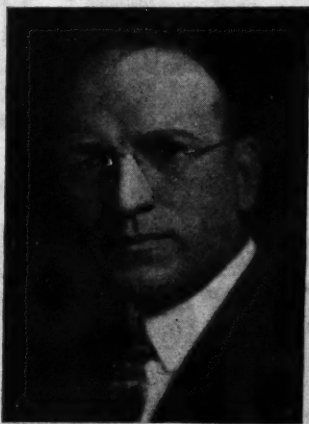
Harris & Ewing.

Allen Scott Wolfe of Washington was on the Entertainment Committee.



Harris & Ewing.

Robert Edgar Round, a recent graduate was interested.

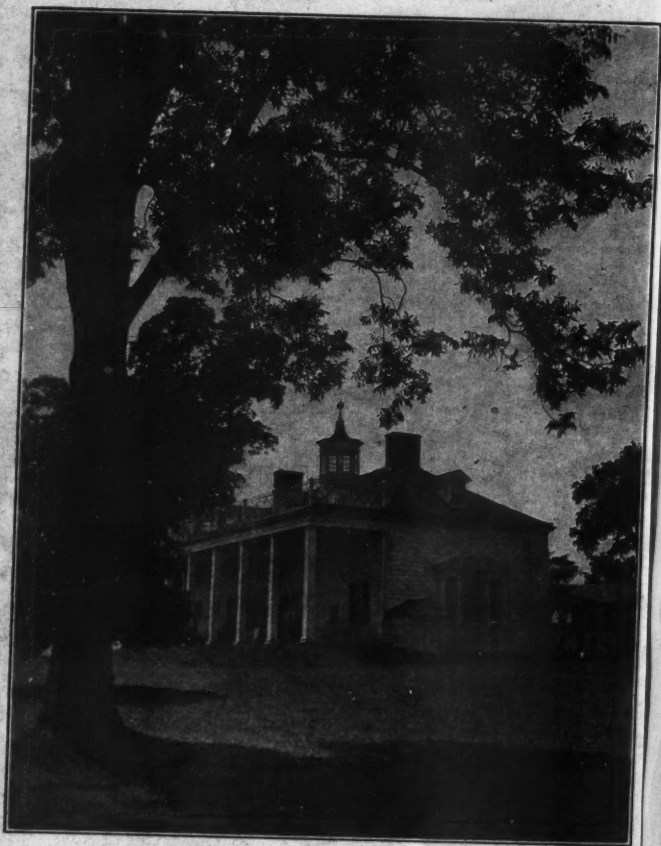


Harris & Ewing.

Harry W. Nelson of Minneapolis addressed the first general session.

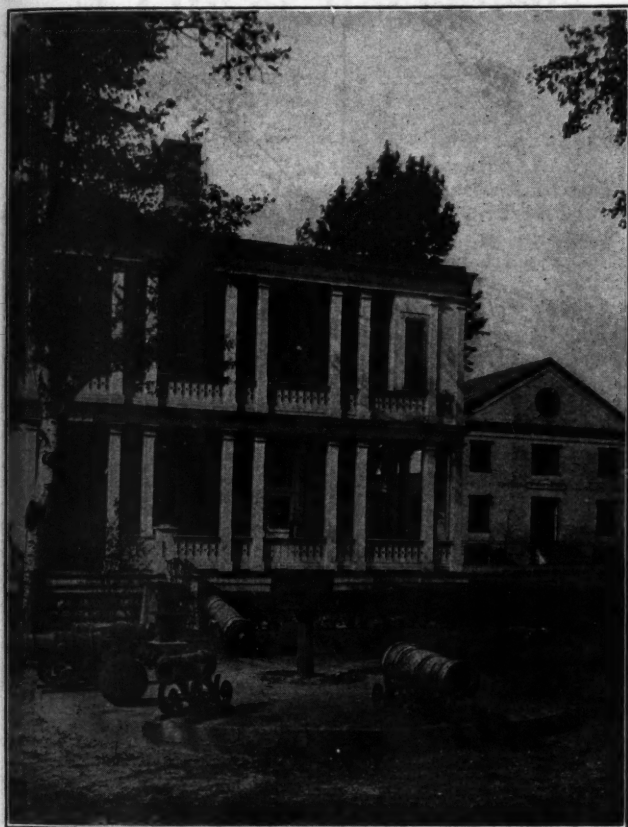






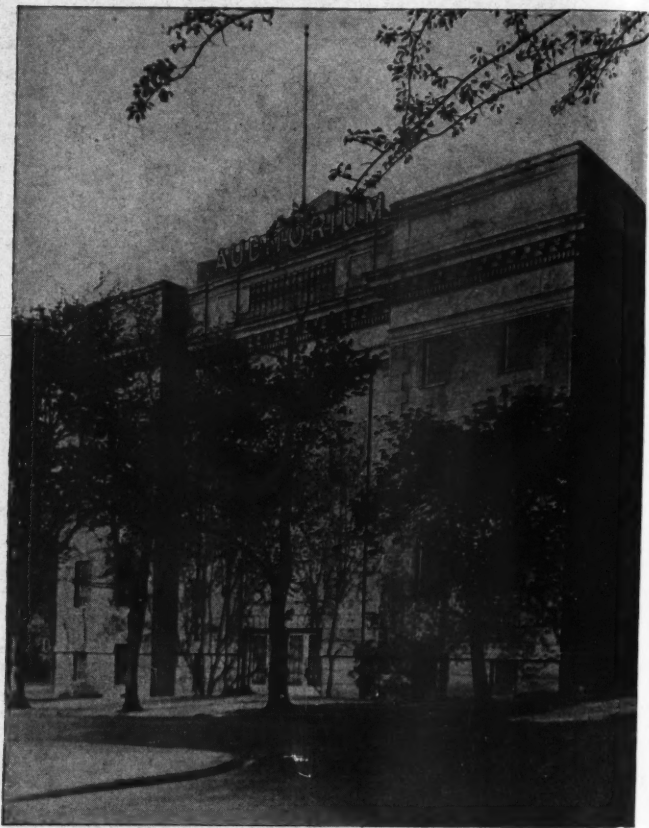
Taken for Oral Hygiene by Clarence A. Purchase.

Mount Vernon—home of Washington.



Taken for Oral Hygiene by Clarence A. Purchase.

*Mortars surrendered by Cornwallis at Yorktown.
Navy Yard, Washington, D. C.*



Taken for Oral Hygiene by Clarence A. Purchase.

*The Washington Auditorium, scene of the 71st Annual Session
of the A.D.A.*

Washington— A City of Monuments

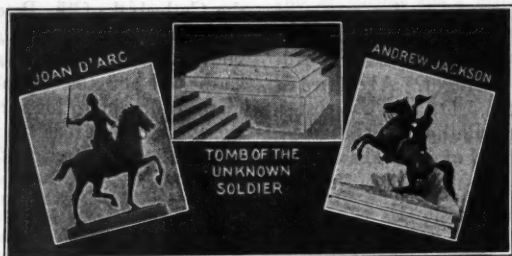
THE City of Washington, where the Seventy-first Annual Convention of the American Dental Association was held October 7th-11th, 1929, might properly be called the "City of Monuments." In no other city of this country are there so many sculptured figures and statues in bronze or marble, erected to the memory of illustrious Americans and foreigners whose lives have been linked with the history of the United States.

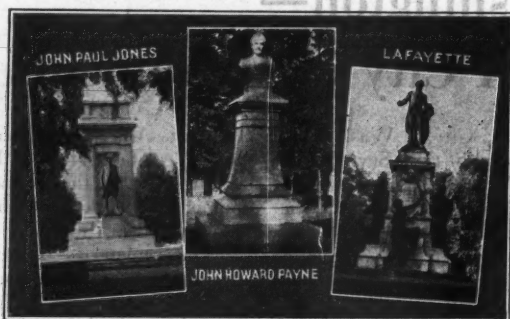
The Washington Monument, the Lincoln Memorial, the Amphitheatre at Arlington and the Tomb of the Unknown Dead, perhaps attract the greatest attention and interest for the visitor. It would take many days to cover the entire city of Washington to study the hundreds of statues and memorials. In all of the four sections of the city can be found some interesting outdoor memorial, while in Statuary Hall of the Capitol are statues of many

eminent Americans who have been identified with the history of America. In the rotunda is a heroic bust of Lincoln modeled from the death mask.

The cemeteries contain numerous memorials of more than passing interest. In Oak Hill, the oldest burying ground in Washington, is a monument honoring John Howard Payne, author of "Home Sweet Home." Payne's body had been buried in 1852 in a cemetery near Tunis, Africa, and remained there until the late W. W. Corcoran, in 1883, had it brought to this country, where it was re-interred at Oak Hill. At the ceremonies there were present Chief Justice Chase; Lincoln's Secretary of War, Edwin M. Stanton, and many other eminent Americans.

One of the most remarkable pieces of sculpture is in Rock Creek Cemetery. It stands over the grave of Mrs. Adams, wife of a descendant of John Quincy Adams. This statue, the





work of St. Gaudens, is reputed to be one of the most artistic productions of that eminent sculptor and is famous among art students all over the world. It has been called variously "Grief," and the "Peace of God." The statue rests on a knoll surrounded by a clump of trees. This heroic bronze figure of a woman seems to have a mysterious influence upon many who visit the tomb, due perhaps to the story that Mrs. Adams committed suicide under tragic circumstances.

A few of the more notable memorials may be mentioned; the equestrian statue of Andrew Jackson in Lafayette Square, directly opposite the White House; an equestrian statue of George Washington in Washington Circle, statues of Admiral Farragut, Alexander Hamilton, Daniel Webster, General Philip H. Sheridan, Grant, Meade, Hancock,

Thomas, Scott, Logan, John Paul Jones, McPherson, Dupont, Joan of Arc, General Nathaniel Greene, Washington's Aid; Edmund Burke; the poet, Dante; Bishop Asbury, Columbus, Louis Jacques, Mande Daguerre, inventor of the daguerreotype; Professor Joseph Henry; the French Generals Lafayette and Rochambeau; Kosciuszko, Chief Justice Chase, Albert Pike, Benjamin Franklin. In some form or other, it would seem, every notable American and many distinguished figures of other countries have been memorialized in Washington. There is yet no statue of Woodrow Wilson, but his body rests in the apse of the Cathedral of St. Peter and St. Paul at Mt. St. Alban, known also as the National Cathedral and the Washington Cathedral, and to his shrine go every year hundreds of admirers of the War President.



Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Precipitating Silver Nitrate

Q.—Can you please give me the formula for depositing silver on the root end, after an amputation?
—J.E.M.

A.—It is not common practice to precipitate silver on the root end after apicoectomy. The usual procedure is to fill the open canal with silver amalgam, leaving a smooth surface. If you wish to precipitate silver it can be precipitated from a silver nitrate solution by either formalin or eugenol. However formalin would be too irritating to the soft tissues.—G. R. Warner.

Treating Trench Mouth

Q.—In regard to your treatment for trench mouth, using chromium trioxide and 50 per cent hydrogen dioxide. I could not purchase the 50 per cent hydrogen dioxide at one local drug store so I am writing you as to whether I could use hydrogen peroxide U.S.P. and get the same results?—G.G.G.

A.—Replying to yours of the 18th inst., would say that it is all right to purchase the hydrogen dioxide

and dilute 50 per cent with water.
—G. R. Warner.

Attention A. K.

In the July issue of the ORAL HYGIENE is a question by A. K. regarding novocain reaction in which the patient experiences an acute pain in the lumbar region.

May I reply to this question by stating I have had such experiences only when using a solution containing large amount of adrenalin. Would advise A. K. to use less adrenalin.—J.S.D.

Excessive Saliva

Q.—I have a woman patient whose age is about seventy. A couple of months ago I made her an upper and lower denture. She had never worn any before.

Now she complains about so much saliva accumulating in her mouth. Says she has to remove dentures every little while, clean them and then replace in mouth. Is there anything to be done for her for permanent relief?

Trusting that you can give me a solution of this problem, I remain.
—C.C.M.

A.—In reply to your favor of

the 31st ult., the excessive flow of saliva occasioned by the wearing of dentures is, I think, invariably of temporary duration and persists only until the patient has become thoroughly accustomed to the presence of the dentures in her mouth. Try to persuade your patient that this excessive flow is not undesirable. Saliva is the natural flush or irrigant of the system and should be swallowed, the more the better. Suggest that she drink a glass or a part of a glass of water. Instead of taking the dentures out to wash the saliva off, wash it into the stomach where it belongs.—V. C. Smedley.

Dental Financing

Q.—Can you give me detailed information regarding dental financing, that is, financing your dental cases?—P.L.M.

A.—Dental cases are carried for such a relatively short time and the actual money outlay is so small that the matter of financing has not been given the attention that, perhaps it deserves. Financing building operations or mercantile establishments requires so much larger capital and borrowing capacity than a professional practice that the latter sinks into insignificance. A professional practice is usually built up slowly and the necessary capital or credit acquired before larger cases are encountered. However many dentists handle the situation by asking for a portion of the estimated cost of the case when the case is started. It can be presented to the patient in this way: "It costs me a good deal to keep up the expenses of this office, and while I could carry your case through to completion without an initial payment, it works a hardship to carry all of my cases. So, if you will pay one-half of the estimated cost when we start and the balance when we finish, each of us will bear our share of the financial burden. You will bear the first half and I will bear the last half." Almost any fair-minded per-

sons would feel that such a proposition is just and equitable. If they don't think so perhaps you rather not have them as patients. Many people want to make monthly payments. Such cases can be handled by not allowing the work to progress much faster than the payments.

If a patient's credit rating is A1 it would probably be wise to say nothing about a payment down, but send a bill the first of each month for "services to date."

You should by all means use your Retail Credit Association for ratings on new patients. If you have no such organization, use your bank for the same purpose. Watch your collections closely. You shouldn't lose over one per cent in bad debts.—G. R. Warner.

From British West Indies

Q.—A woman, age 45, who has been blind for two years, consulted me in regard to her case, which at first had been attributed to Brights disease. After being treated by her physician, however, the albumin disappeared, and although being in normal health at present her sight has not returned. On examining her teeth I discovered six with spontaneous death of the pulps, slight tenderness and discoloration resulting. I have extracted three from each of which pus was obtained in varying degrees.

Do you think I should associate her blindness with these teeth, and if so, give her hope for a restoration of her sight as a result of my diagnosis and treatment?—J.M.M.

A.—It seems to me that the possibility of your patient's sight returning in a case of total blindness is very remote. Blindness might be due to infected teeth, but it would probably be from an iritis, uveitis, or corneal ulcer. But when blindness occurs in these conditions pathological changes appear in the eye which can never be overcome, even though the original cause is removed. While it would be the

right treatment to remove these diseased teeth, I don't believe you should hold out any hope for a returning of the sight.—G. R. Warner.

Here Is the Reason, C. C. P.

Your letter entitled, "Sedative Cement" that was published in the January ORAL HYGIENE* has just come to my attention and I feel that it calls for the following reply even though you did not see fit to address your letter to me.

First, The Elusive Formula, etc. The enclosed "Note" will make it clear to you, I think, that there is no Smedley Sedative Cement. This change was made in July 1927. Personally I think it is absurd for a dentist to ask or expect to be given the exact proportion and method of compounding of such a preparation. We as dentists are not pharmacists, and if we were few of us would wish to be bothered with the exacting details of preparing these formulas for the few cents that we would save on the small quantities that any one individual would use.

Your statement that this material is not a cement is O. K. Call it by some other name if you wish; but your conclusion that it will not set or get hard enough to protect a pulp or support an amalgam filling is absolutely in error, for many men have been using it for many years for these purposes with entire satisfaction. Might I suggest that you try making your mixes very much stiffer. You may incorporate so much powder that it is just a crumbly mass and with continued working and spatulating it will soften up to a putty-like consistency. You will find that a thoroughly spatulated mix as stiff as or stiffer than putty will set quite promptly under moisture—plenty hard for the protection of pulps and sensitive dentine, and for the support

of any type of a permanent filling. We use it in preference to oxyphosphate cement for filling all undercuts in deep-seated cavities, and for building up steps under amalgam fillings and wax models for gold inlays, but for this purpose it is necessary to mix it very stiff.

I hope you will accept this letter and these suggestions in the spirit in which they are intended.—V. C. Smedley.

Bleeding Gums

Q.—Please let me know what would be a good treatment for bleeding gums. I have two or three patients now under treatment. There does not seem to be any signs of pyorrhea or trench mouth. The gums bleed easily from pushing against them. There does not seem to be any tartar present either. And what do you think would be the cause of this and diagnosis of same?—H.G.W.

A.—If there is no local condition responsible for the gingivitis which you describe, and you seem to have covered that phase of the situation, it would be wise to look for blood or kidney discrasias or dietetic errors.

Leukemia and leukopenia both are accompanied by an uncontrollable bleeding of the gums.

Diabetes is very apt to show the same condition of the gums that you describe.

A diet lacking in mineral salts and vitamins produces scurvy, which manifests itself in the mouth by inflammatory conditions of the gingiva.—G. R. Warner.

To Sterilize Hand Pieces

To sterilize right angle hand pieces or other instruments—add about a teaspoonful of powdered, if you have it—if not then a piece of ordinary castile or other white soap to a quart of water and boil. Soap prevents rust and helps polish.—W.H.P.

*ORAL HYGIENE, Jan, 1929, p. 29.



The modern dentist finishes the job.



Drawn for ORAL HYGIENE by Don Herold.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

She: "Did I ever show you the place where I hurt my hip?"

He: "N-no."

She: "All right, we'll drive over there."

Traffic Cop—"Hey! What's the idea, didn't you see the red light?"

Honest Motorist—"Yes, but I didn't see you."

Wife (at busy crossing)—"Now remember, Herbert, the brake is on the left—or is it the right—but don't—"

Harassed Husband—"For heaven's sake stop chattering. Your job is to smile at the policeman!"

"Hey, Bill."

"What is it?"

"Your doctor is out here with a flat tire."

"Diagnose the case as a flatulency of the perimeter and charge him accordingly. That's the way he does business."

Her hat was on one side, her clothes rumpled and her shoes were in shreds.

"Were you knocked down by a motorist?" asked a sympathetic bystander.

"No, picked up," she snapped.

Scene—Any well lighted parlor.

He: "What would we ever do if it wasn't for Edison?"

She: "We would be having a good time now."

Mother: "Why, Grace, how in the world did you get so messed up while riding?"

Grace: "I rode in the rumple seat."

She: "Do you like bathing girls?"

He: "I don't know. I've never tried bathing one!"

"Will you love'n honor?"

"Uh-huh."

"Lady, are you all set?"

"Uh-huh."

"S'nuff! He's your'n. Ten bucks.

If you need my services again, I make special discount to old customers."

Mrs. Smith: "It is whispered that you and your husband are not getting on."

Mrs. Jones: "Nonsense. We did have some words and I shot him, but that's as far as it ever went."

"Do you think it is unlucky to marry on Friday?"

"Certainly. Why should Friday be an exception?"

Busy Boss to Stenog: "Take the phone message. I'll get it from you later."

Stenographer (demurely): "No, thanks! Your little girl wants to kiss you over the wire."

Little Willie: "That ain't no rhinoceros; that's a hippopotamus. Can't you see it ain't got no radiator cap?"

"Why do you wear rubber gloves when cutting hair?" asked the customer.

"For the purpose," replied the barber, "of keeping our celebrated hair restorer from causing hair to grow on my hands."

He sold a bottle.